

UNITED STATES HOBBS, NEW MEXICO 88240

DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

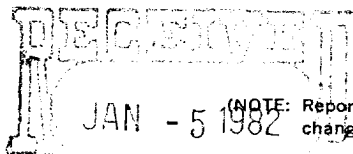
1. oil well ☒ gas well ☐ other ☐  
2. NAME OF OPERATOR  
Texaco Inc.  
3. ADDRESS OF OPERATOR  
P.o.Box 728, Hobbs, NM 88240  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1980' FNL & 2339' FEL  
AT TOP PROD. INTERVAL: Unit Letter G  
AT TOTAL DEPTH:  
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☒  
(other) ☐

SUBSEQUENT REPORT OF:

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OIL & GAS  
U.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

5. LEASE  
LC-062300  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
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7. UNIT AGREEMENT NAME  
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8. FARM OR LEASE NAME  
G.E. Jordan Fed.Nct-1 Bld.2  
9. WELL NO.  
16  
10. FIELD OR WILDCAT NAME  
Paduca Delaware  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec.28-T-25-S, R-32-E  
12. COUNTY OR PARISH 13. STATE  
Lea New Mexico  
14. API NO.  
Regular  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3385' (DF)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

1. Set A CIBP @ 4550'. Spot 35' (3 SX) cement plug on top.
2. Load hole with mud.
3. Cut 4 1/2" casing at 1200' top of salt and pull.
4. Spot 100' ( 35 sx) cement across casing stub.
5. Spot 100' ( 35 sx) cement plug from 750'-850'.
6. Spot 100' ( 35 sx) cement plug across 7 5/8" casing shoe.
7. Spot 20' (5 sx) cement plug at surface.
8. Install marker and clean location.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Asst. Dist. Mgr. DATE 1-4-82

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

SEE ATTACHED FOR  
CONDITIONS OF APPROVAL

\*See Instructions on Reverse Side

