gas

well

AT SURFACE:

AT TOTAL DEPTH:

2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR

AT TOP PROD. INTERVAL:

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)

well

TEXACO Inc.

UNITED STATES

GEOLOGICAL SURVEY

other

A. A. OA OOD POMINESION Form Approved. Budget Bureau No. 42-R1424 P. O. BOX (1) HOBBS, NET 5. LEASE LC-062300 DEPARTMENT OF THE INTERIOR 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME 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.) 8. FARM OR LEASE NAME Cotton Draw Unit 9. WELL NO. 10. FIELD OR WILDCAT NAME Paduca Delaware P.O. Box 728, Hobbs, New Mexico 88240 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 Sec. 15, T-25-S, R-32-E 455' FNL & 1980' FWL 12. COUNTY OR PARISH 13. STATE (UNIT LETTER 'C') Lea New Mexico 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3447' (GR) SUBSEQUENT REPORT OF: (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.)* TOTAL DEPTH 4750' PLUG BACK TOTAL DEPTH 4746' 8 5/8" OD 24# J-55 CSG SET @ 355'

5½" OD 15.5# K-55 CSG SET @ 4750'. Perforate 5\frac{1}{2}" CSG @/1-JSPF from 4686'-4690', 4696'-4710', 4714'-4719',&

4721'-4728'. Acidize perfs. 4686'-4728' W/2500 gals. $7\frac{1}{2}\%$ NE Acid & 45 Ball sealers. 2.

Install Pumping Equipment.

ROSWELL, NEW MEXICO

Perforate & Treat

On 24 Hr. potential test ending 10-6-82, well pumped 10 Bbls. 0il, 112 Bbls. Water, & GOR 1200.

Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED TITLE Asst. Dist. Mgr. DATE	10-7-82
ACCEPTED FOR RECORDING Space for Federal or State office use) (ORIG. SGD.) DAVID R. GLASS	DECENTED
OCT 1 3 1982	
U.S. GEOLOGICAL SURVEY POSWELL NEW ARTICO See Instructions on Reverse Side	OCT 1 2 1982

CIL & GAS MINERALS MONT. SERVICE ROSWELL NEW MEXICO

RECEIVED

OCT 1 4 1982

O.C.O. HOBBS OFFICE