

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

5. LEASE
HOBBS, NEW MEXICO 88240

LC-062300

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Cotton Draw Unit

9. WELL NO.

75

10. FIELD OR WILDCAT NAME

Paduca Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 15, T-25-S, R-32-E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3447' (GR)

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, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 455' FNL & 1980' FWL
AT TOP PROD. INTERVAL: (UNIT LETTER 'C')
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☒

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

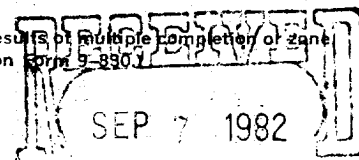
MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) ☐

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



OIL & GAS

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.)*

Spud 12 1/4" HOLE 8:00 A.M., 8-25-82

1. Ran 345' (8 Jts.) 8 5/8" OD 24# J-55 csg & set @ 355'. TOTAL DEPTH 355'.
2. Cemented W/400 Sx. Class 'H' Cement containing 2% CaCl. Cement circulated. Job Complete @ 6:45 P.M., 8-25-82. WOC. IN Excess of 18 Hrs.
3. Tested 8 5/8" csg. to 1000# for 30 Minutes, 1:45-2:15 P.M., 8-26-82. Tested OK. Job complete 2:15 P.M., 8-26-82.

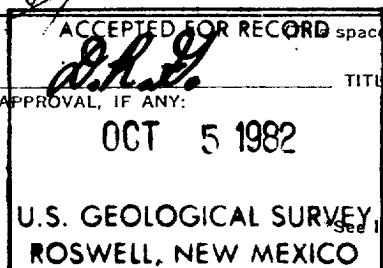
Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED [Signature] TITLE Asst. Dist. Mgr. DATE 9-2-82.

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:



See Instructions on Reverse Side

RECEIVED
OCT 6 1982
GCHQ
MORRIS CHANCE