

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

MM-036379

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Cotton Draw Unit

9. WELL NO.

67

10. FIELD AND POOL, OR WILDCAT

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

Sec. 35, T-24-S, R-31-E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

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 "APPLICATION FOR PERMIT" for such proposals.)

RECEIVED

DEC 6 1975

D.I.C. ARTISIAN OFFICE

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 and in accordance with any State requirements.\* See also space 17 below.)

At surface

Well is located 1930' from south line, 660' from west line of Section 35, T-24-S, R-31-E, Unit Letter 'L', Eddy County, New Mexico.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3506' (DF)

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

WATER SHUT-OFF

☐  
☐  
☐  
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FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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. Rig up.
2. Acidize 5-1/2" OD casing perforations 14,878'-14,970' w/3500 gals. 7-1/2% MS acid containing 1000 SCF N<sub>2</sub>/Bbl.
3. Flush w/2% KCL water containing 1000 SCF N<sub>2</sub>/Bbl.
4. Kick well off, test, and return to production.

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

SIGNED

TITLE Asst. District Supt.

DATE 12-3-75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

DEC 8 - 1975

\*See Instructions on Reverse Side