## State of New Mexico

y, Minerals and Natural Resources Department

o\	58	)
WELL API NO.		

Form C-103 Revised 1-1-89

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

	P.O.	Rox	2088	
_				

30-015-20210

	1 .O. DOX 2000	
Santa Fe,	New Mexico 87504-2088	

5. Indicate Type of Lease

234

P.O. Box Drawer DD, Artesia, NM 88210 DISTRICT III

11

DISTRICT II

13 I KICT III		STATE Y FEE
000 Rio Brazos Rd., Azte	ec, NM 87410	6. State Oil / Gas Lease No.
(DO 1401 03E 11113 FC	SUNDRY NOTICES AND REPORTS ON WELLS DRM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO ERENT RESERVOIR. USE "APPLICATION FOR PERMI (FORM C-101) FOR SUCH PROPOSALS.	7. Lease Name or Unit Agreement Name COTTON DRAW UNIT
Type of Well: OIL WELL	GAS	STATE OF STA
Name of Operator	TEXACO EXPLORATION & PRODUCTION INC.	8. Well No. 67
Address of Operator Well Location	PO BOX 3109, MIDLAND, TX 79702	9. Pool Name or Wildcat COTTON DRAW ATOKA, SOUTH
Unit Letter	L 1980 Feet From The SOUTH Line and 660  Township 24S Range 31F NA	
	Township 24S Range 31ENN	IPMEDDY COUNTY

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO:

10. Elevation (Show whether DF, RKB, RT,GR, etc.)

NOTICE OF INTENTION TO.			SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK		PLUG AND ABANDON		REMEDIAL WORK	~	ALTERING CASING	
TEMPORARILY ABANDON		CHANGE PLANS		COMMENCE DRILLING OPERATION		PLUG AND ABANDONMENT	-
PULL OR ALTER CASING				CASING TEST AND CEMENT JOB		S S S S S S S S S S S S S S S S S S S	
OTHER:			=	OTHER:		acidize	
Describe Proposed or Com	nleted O	perations (Cloarly atota all a					. <b>Y</b>

7-11-01: ACIDIZED WELL W/3,000 GALS 10% MSR ACID & N2 TO REMOVE SALT RING.

8-09-01: RAN STATIC GRADIENT. TAG ABOVE PACKER @ 13,794'. PKR @ 13,900. SITP-1179 PSIA. FLUID LEVEL @ 13,436'.PRESS @ 13,750'. EVALUATING VELOCITY STRING INSTALLATION.

GAS METERS OUT OF CALIBRATION DUE TO OVER RANGING.

8-25-01: ON 24 HR OPT. FLOWING 0 BO, 0 BW, & 475 MCF.

FINAL REPORT

I hereby certify that the information above s and co	implete to the best of my knowledge and	belief.	-··· <del></del>		
SIGNATURE J J M	Sel Pare	TITLE Engineering Assistant		DATE 10	0/3/01
TYPE OR PRINT NAME	J. Denise Leake		Т	Telephone No.	915-688-4752
(This space for State Use)					
APPROVED  80 NDITIONS OF APPROVAL, IF ANY:	TITLE	Boco, N	DATE		
			DATE	DeSoto/Nichols 12	-93 ver 1.0

ed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.