

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on re-  
verse side)

COPY TO O. C. C.

Form approved.  
Budget Bureau No. 42-R1424.

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> <b>Injection Well</b>	5. LEASE DESIGNATION AND SERIAL NO. <b>LC-061869</b>
2. NAME OF OPERATOR <b>TEXACO Inc.</b>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME <b>--</b>
3. ADDRESS OF OPERATOR <b>P. O. Box 728, Hobbs, New Mexico 88240</b>	7. UNIT AGREEMENT NAME <b>Cotton Draw Unit</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>Well is located 990' from the South line and 2310' from the East line of Section 21, T-25-S, R-32-E, Unit Letter O.</b>	8. FARM OR LEASE NAME <b>Cotton Draw Unit</b>
14. PERMIT NO. <b>Regular</b>	9. WELL NO. <b>44</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3388.6' GR</b>	10. FIELD AND POOL, OR WILDCAT <b>Paduca Delaware</b>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 21, T-25-S, R-32-E</b>
	12. COUNTY OR PARISH <b>Lea</b>
	13. STATE <b>New Mexico</b>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Reccompletion 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.)\*

The following work on subject well has been completed:

1. Ran tracer survey to confirm interval of channel.
2. Pulled tubing and packer.
3. Ran tubing and set at 4644'.
4. Ran temp survey and pump in tracer. Unable to obtain stabilize profile.
5. Pulled tubing abd cleaned out casing w/sand pump 4672'-4754'.
6. Ran tubing and packer. Loaded casing annulus w/inhibited water.
7. Acidized casing perforations 4630'-4676' w/1000 gals 15% NEA in 4 - 250 gal stages w/250# salt between stages.
8. Returned in injection.

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

SIGNED

*[Signature]*

TITLE

Assistant District  
Superintendent

DATE

3-24-71

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

DATE

MAR 25 1971

\*See Instructions on Reverse Side  
U.S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO