

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT -" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well: OIL WELL GAS WELL OTHER

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

3. Address and Telephone No. P.O. BOX 730, HOBBS, NM 88240 397-0418

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit Letter D : 660 Feet From The NORTH Line and 660 Feet From The
WEST Line Section 10 Township 25S Range 32E

5. Lease Designation and Serial No.
LC-061936

6. If Indian, Alottee or Tribe Name

7. If Unit or CA, Agreement Designation
COTTON DRAW UNIT

8. Well Name and Number
COTTON DRAW UNIT
63

9. API Well No.
30-025-20120

10. Field and Pool, Exploaratory Area
PADUCA DELAWARE

11. County or Parish, State
LEA , NEW MEXICO

12. Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input checked="" type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Atlering Casing
	<input type="checkbox"/> OTHER: _____
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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

13. 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 subject wellsite has been remediated according to BLM regulations and is ready for final inspection.

14. I hereby certify that the foregoing is true and correct
SIGNATURE Monte C. Duncan TITLE Engr Asst DATE 3/19/96
TYPE OR PRINT NAME Monte C. Duncan

(This space for Federal or State office use)
APPROVED BY Signed by Shannon J. Shaw TITLE Director DATE 4/10/96
CONDITIONS OF APPROVAL, IF ANY:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.