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SANTA FE	
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U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State Fee
5. State Oil & Gas Lease No.
E 5009

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 TO DRILL (FORM C-101) FOR SUCH PROPOSALS.

1. OIL WELL GAS WELL OTHER - **Water Injection**

2. Name of Operator
TEXACO Inc.

3. Address of Operator
P. O. Box 728, Hobbs, New Mexico 88240

4. Location of Well
UNIT LETTER **G** **1980** FEET FROM THE **North** LINE AND **1980** FEET FROM
THE **East** LINE, SECTION **16** TOWNSHIP **25-S** RANGE **32-E** N.M.P.M.

7. Unit Agreement Name
Cotton Draw Unit

8. Farm or Lease Name
Cotton Draw Unit

9. Well No.
13

10. Field and Pool, or Wildcat
Paduca Delaware

15. Elevation (Show whether DF, RT, GR, etc.)
3238' DF

12. County
Lea

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER Casing Leak Survey <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1105.

NMCCD Representative Eddie Seay visually inspected valves on each string of pipe, 5-23-80.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED *J. Schuff* TITLE Asst. Dist. Supt. DATE 5-27-80

APPROVED BY *Eddie Seay* TITLE OIL & GAS INSPECTOR DATE JUN 3 1980

CONDITIONS OF APPROVAL, IF ANY: