

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPI  
(Other instructions  
reverse side)TE\*  
re-Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM - ~~0379~~ 036379

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

None

## 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 checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR TEXACO Inc.		None
3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, New Mexico 88240		8. FARM OR LEASE NAME Cotton Draw Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Well is located 1980' from the South Line and 660' from the West Line of Section 35, T-24-S, R-31-E, (Unit Letter L), Lea County, New Mexico.		9. WELL NO. 67
14. PERMIT NO. Regular		10. FIELD AND POOL, OR WILDCAT Undesignated
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3506' (D. F.)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T-24-S, R-31-E
		12. COUNTY OR PARISH Lea
		13. STATE New Mexico

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

(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.)\*

TOTAL DEPTH 12,600'  
10 3/4" O. D. 40.5#, 45.5#, and 51#  
J-55 Buttress Casing set @ 4425'

Ran 12,609' (345 Jts.) 7 5/8" O. D. 33.7# P-110 Triple Seal Hydril Casing and cemented @ 12,600' W/540 Sx. TLW Cement and 380 Sx. Class "C" Cement in first stage and 900 Sx. TLW W/5# Gelsonite per sack in second stage. Plug @ 12,572'. Cement Circulated. Job Complete 11:15 P. M., April 30, 1969.

Tested 7 5/8" O. D. Casing W/2350# for 30 minutes from 2:30 P. M. to 3:00 P. M., May 3, 1969. Tested O. K. Drilled out cement and retested W/4400# for 30 minutes from 11:45 A. M. to 12:15 P. M., May 5, 1969. Job Completed 12:15 P. M., May 5, 1969

RECEIVED

MAY 15 1969

D. C. C.  
ARTERIAL OFFICE

RECEIVED

MAY 14 1969

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

SIGNED

TITLE

Assistant District  
Superintendent

DATE May 12, 1969

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

MAY 14 1969

R. L. BEEKMA

\*See Instructions on Reverse Side