

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved. 51
Budget Bureau No. 1004-0135
Expires August 31, 1985

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME Cotton Draw Unit
2. NAME OF OPERATOR Texaco Inc.	8. FARM OR LEASE NAME Cotton Draw Unit
3. ADDRESS OF OPERATOR P.O. Box 730, Hobbs, NM 88240	9. WELL NO. 67
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 660' FWL	10. FIELD AND POOL, OR WILDCAT Paduca Atoka
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T-24-S, R-31-I
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3506' DF	12. COUNTY OR PARISH Eddy
	13. STATE NM

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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/> Recomplete in the Atoka	

(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.)

- 1) Abandon depleted Morrow perforations 14,878-14,970' w/CIBP set @ 14,550'. Capped w/50' cmt. PBTD 14,500'.
- 2) Set Otis Perma-pkr on wireline @ 13,900', Ran 2-3/8" tbg. Cir hole cln.
- 3) Perf 5-1/2" 26# csg w/23 holes @ 14,060-71'. (11') -
- 4) 4 pt. test well 03-14-90. (Test attached)

NOT RECEIVED
By ELM

RECEIVED

APR 21 8 30 AM '90

RECEIVED

APR 21 8 30 AM '90

Post ID 2
6-8-90
PKA mor

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

SIGNED

J. A. Head

TITLE

Area Manager

DATE

04-06-90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side