

N. M. O. C. C. COPY
UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
SUBMIT IN TRIPlicate
(Other instructions on reverse side)

Copy to 5
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 checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM0503	
2. NAME OF OPERATOR TEXACO Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -	
3. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME -	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Well is located 2310' from the North line and 1980' from the West line of Section 12, T-25-S, R-31-E, Unit Letter F, Eddy County, New Mexico.		8. FARM OR LEASE NAME Cotton Draw Unit	
14. PERMIT NO. Regular		9. WELL NO. 68	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3434' (GR)		10. FIELD AND POOL OR WILDCAT <i>Paducah Basin</i> Undesignated	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 12, T-25-S, R-31-E	
		12. COUNTY OR PARISH Eddy	13. STATE New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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 4415'
20" O.D. 94# Casing Set @ 755'

Ran 4379' (106 joints) 13-3/8" O.D. 48# casing and cemented @ 4415' w/6900 Sx TLW, 500 Sx Class C, 650 Sx Class C Neat and 200 Sx Class C w/2% CaCl. Plug @ 4373'. Cement circulated. Job complete 10:00 AM, January 3, 1970.

Tested 13-3/8" O.D. casing w/1000# for 30 minutes from 4:00 PM to 4:30 PM, January 4, 1970. Tested OK. Drilled out cement plug and retested w/1000# for 30 minutes from 5:00 PM to 5:30 PM, January 4, 1970. Tested OK. Job complete 5:30 PM January 4, 1970.

RECEIVED

JAN 16 1970

O. C. C.
PROSIA. OFFICE

RECEIVED
JAN 14 1970

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

SIGNED [Signature] TITLE **Assistant District Superintendent** DATE **January 13, 1970**

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL:

ACCEPTED FOR RECORD PURPOSES
JAN 15 1970
 Date [Signature] ACTING District Engineer

*See Instructions on Reverse Side