

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

5. Lease Designation and Serial No.

NM-0503

6. If Indian, Alottee or Tribe Name

7. If Unit or CA, Agreement Designation

SUBMIT IN TRIPLICATE

1. Type of Well: ☒ OIL WELL ☐ GAS WELL ☐ OTHER

8. Well Name and Number
COTTON DRAW UNIT

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

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3. Address and Telephone No. 205 E. Bender, HOBBS, NM 88240

397-0405

9. API Well No. 20272
30-015-02072

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit Letter F : ~~2300~~ Feet From The NORTH Line and ~~770~~ Feet From The
West 1370
Line Section 12 Township 25S Range 31E

10. Field and Pool, Exploaratory Area
PADUCA WOLFCAMP, SOUTH (GAS)

11. County or Parish, State
EDDY, 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 type="checkbox"/> Abandonment | <input type="checkbox"/> Change of Plans |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Plugging Back | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Water Shut-Off |
| | <input type="checkbox"/> Altering Casing | <input type="checkbox"/> Conversion to Injection |
| | <input checked="" type="checkbox"/> OTHER: REQUEST TA STATUS | <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.)

9-06-00: NOTIFIED BLM. TEST CSG TO 520 PSI FOR 30 MINUTES - OK

ORIGINAL CHART & COPY OF CHART ATTACHED.

TA Approved For 12 Month Period
Ending 9/6/2001



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

SIGNATURE J. Denise Leake TITLE Engineering Assistant
TYPE OR PRINT NAME J. Denise Leake

(This space for Federal or State office use)

APPROVED (OPB. 500) JOE G. LARA

Petroleum Engineer

CONDITIONS OF APPROVAL IF ANY TITLE

DATE 10/2/2000

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