

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

SUBMIT IN TRIPLICATE

1. Type of Well: OIL WELL  GAS WELL  OTHER   
2. Name of Operator: TEXACO EXPLORATION & PRODUCTION INC. /  
3. Address and Telephone No.: PO BOX 3109, MIDLAND, TX 79702 915-688-475  
4. Location of Well (Footage, Sec., T., R., M., or Survey Description):  
Unit Letter I : 2615 Feet From The SOUTH Line and 1160 Feet From The  
EAST Line Section 2 Township 25-S Range 31-E

5. Lease Designation and Serial No.  
6. If Indian, Alottee or Tribe Name  
7. If Unit or CA, Agreement Designation  
8. Well Name and Number: COTTON DRAW UNIT 84  
9. API Well No.: 30-015-29728  
10. Field and Pool, Exploratory Area: NW PADUCA DEVONIAN  
11. County or Parish, State: EDDY, NM

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: ACIDIZE DEVONIAN | <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.)

6-27-01: ACIDIZE W/6500 GALS 28% HCL W/400 SCF/BBL N2. FLUSH TO TOP PERF W/62 BBLs 2% KCL WTR SPACER. FLUSH SPACER TO 10,000' W/92,373 SCF N2. ISIP-3190#. 15 MIN-3150#. FLOW BACK N2.  
6-28-01: RAN BACKPRESSURE TEST. RETURN WELL TO PRODUCTION.  
6-29-01/8-15-01: TESTING.  
8-16-01: ON 24 HR OPT. FLOWING GAS: 0 BO, 5297 BW, & 1652 MCF.  
FINAL REPORT



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

DATE: 8/20/01

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL IF ANY \_\_\_\_\_ TITLE \_\_\_\_\_

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.