orm 3160-5 June 1990)	DEDARTMENT OF THE INTERIOR				FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No. NM 036379				
Do not us	SUNDRY NOTICE								
	, ,	FOR PERMIT —" for		à	6. If Indian, Alot	tee or Tribe Name			
SUBMIT IN TRI			TRIPLICATE			7. If Unit or CA, Agreement Designation COTTON DRAW UNIT			
1. Type of Well:	□ OIL	OTHER	RE:	CEIVED 3	8. Well Name and	d Number TTON DRAW UNIT			
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.						77			
3. Address and Telephone No. P.O. Box 3109, Midland Texas 79702 688-4696						3001529250			
Location of Well (Footh Unit Letter	: 1650 Feet From	Survey Description) The <u>SOUTH</u> Line a	nd <u>2310</u>	Feet From The	1	ol, Exploratory Area IIAN/ PADUCA MORROW			
EAST Line Section 35 Township 24-S Range 31-E						11. County or Parish, State EDDY , NM			
12.	Check Appropriate	e Box(s) To Indi	cate Nature	of Notice, Re	port, or Oth	er Data			
TYPE OF SUBM	MISSION		TY			PE OF ACTION			
Notice of Int Subsequent			Abandonment Recompletion Plugging Back Casing Repair Altering Casing OTHER: E)	CTEND DRILLING PER	(Note	Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water a: Report results of multiple completion on Well pletion or Recompletion Report and Log Form.)			
work. If well is dire	ctionally drilled, give subsu	rface locations and me /ILL NOT BE SPUDD	asured and true v	ertical depths for all	cluding estimated of markers and zone	date of starting any proposed partinent to this work,)*. N DATE. PLEASE EXTEND			

APPROVED FUE 12 MONTH PERIOC ENDING OCT 15 1993

MECEIVED 1991 SEP 18 A 9: 22

14. I hereby certify that the foregoing is true SIGNATURE	and correct Lave	TITLE	Technician	DATE	9/17/97	
TYPE OR PRINT NAME	Chester Kaup					
(This space for Federal or State office and) DAVID & GLASS APPROVED BY		_TITLE_		DATE OC	DATE OCT 2 7 1337	
CONDITIONS OF APPROVAL, IF	ANY:					
Title 18 U.S.C. Section 1001, makes it	a crime for any person knowingly and	willfully to ma	ake to any department or agency of the United	States any false, fictitious or fraudulent s	statements or	