

UNITED STATES
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPLICATE
(Other instructions on
verse side)

Form approved.
Budget Bureau No. 42-R1424.

GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug a well or to different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC - 061936	
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 1980' FNL & 660' FWL, Sec. 34, T-24-S, R-32-E		8. FARM OR LEASE NAME Cotton Draw Unit	
14. PERMIT NO. Regula r		9. WELL NO. 71	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3512' (Ground)		10. FIELD AND POOL, OR WILDCAT Undesignated	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T-24-S, R-32-E	
		12. COUNTY OR PARISH Lea	
		13. STATE New Mexico	

16. 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 checked="" 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"/>	

(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 - 492'
Spudded 11" Hole at 6:30 A.M., May 31, 1968

Ran 471' of 7 5/8" OD 24# H-40 Casing, and cemented at 490' with 300 sx. Class C with 1% CaCl. Plug at 460'. Cement circulated. Job complete 8:15 P.M., June 4, 1968.

Tested 7 5/8" OD Casing for 30 minutes with 600 P.S.I. from 10:45 A.M. to 11:15 A.M., June 5, 1968. Tested O.K. Drilled cement plug and re-tested for 30 minutes with 600 P.S.I. from 5:00 P.M. to 5:30 P.M., June 5, 1968. Tested O.K. Job complete 5:30 P.M., June 5, 1968.

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

SIGNATURE 
(This space for Federal or State office use)

TITLE Asst. Dist. Superintendent DATE June 10, 1968

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED
DATE

JUN 11 1968

*See Instructions on Reverse Side

J L GORDON
ACTING DISTRICT ENGINEER