

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS 88240

(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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Texaco Inc.		8. FARM OR LEASE NAME Cotton Draw Unit	
3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, New Mexico 88240		9. WELL NO. 72	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & 660' FEL		10. FIELD AND POOL, OR WILDCAT Paduca Delaware, North	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3510' KB	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 33, 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) Test casing to 500 PSI	X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input 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.)*

1. Tie onto 4-1/2" casing with pump truck.
2. Pressure up on casing to 500 PSI for 15 minutes.

Texaco desires to maintain the subject well under TA Status for evaluation of remedial prospects.

RECEIVED

JUN 06 1986

HOBBS, NEW MEXICO

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

SIGNED

TITLE

W. B. Cade
Dist. Oper. Mgr.

DATE

June 4, 1986

(This space for Federal or State office use)

APPROVED BY: W. B. Cade
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

6-23-86

*See Instructions on Reverse Side

RECEIVED
JUN 26 1986
C.C.S.
HOBBS OFFICE