

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions
on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-061936-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(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 Cotton Draw Unit
2. NAME OF OPERATOR Texaco Inc.		8. FARM OR LEASE NAME Cotton Draw Unit
3. ADDRESS OF OPERATOR P.O. Box 730, Hobbs, NM 88240		9. WELL NO. 34
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FSL & 330' FEL (Unit Letter P)		10. FIELD AND POOL, OR WILDCAT Paduca Delaware
14. PERMIT NO. 30-025-08168		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, T-25-S, R-32-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3456' DF		12. COUNTY OR PARISH Lea
		13. STATE NM

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 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 checked="" 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) MIRU DA&S plugging rig 11-15-89.
- 2) WIH w/2-1/16" tbg. Load 2-7/8" csg w/10# brine mud gel. Spt 10 sx cmt (360') plug @ 4500'. Tag'd top @ 4140'. POH.
- 3) Ran free point. Cut off 2-7/8" csg @ 995'. Pld 32 jts 2-7/8" csg. WIH w/2-1/16" tbg. Cir 10# brine mud.
- 4) Spt 2nd plug 30 sx (213') @ 1050'. Tag'd top @ 837'. Spt 3rd plug 40 sx (120') @ 390'. Tag'd top @ 270'. Spt 4th plug 15 sx (60') @ 60' to surface.
- 5) Rig down. Cut off WH. Instld marker. Cleaned locn.

No water basin in area

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

SIGNED Ja Head

TITLE Area Manager

DATE 11/29/89

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

12.13.89

*See Instructions on Reverse Side