

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
LEASE DESIGNATION AND SERIAL NO.

LC-061936-A

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection Well		4. 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 728, Hobbs, New Mexico 88240		9. WELL NO. 6	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Well is located 660' from the West Line and 660' from the South Line (UNIT Letter M) of Section 10, T-25-S, R-32-E, Lea County, New Mexico.		10. FIELD AND POOL, OR WILDCAT Paduca Delaware	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T-25-S, R-32-E Unit Letter M	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Reperforate in same zone <input checked="" 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.)*

To correct 9-331 filed 8-31-76. Checked "Notice of Intention" instead of "Subsequent Report".

1. Pull injection tubing. Install BOP.
2. Set cement retainer @ 4654'.
3. Squeeze 4½" casing perforations 4708'-4726' w/350 sx. Class 'C' cement containing .5% Halad 22 & 3# rock salt per sack followed by 50 sx. Class 'C' cement w/2% KCL.
4. WOC 18 hrs. Tested cement to 500#. Tested O.K.
5. Clean out from 4691'-4740' & spot 150 gal. 15% NE Acid across perforations.
6. Perforate 4½" csg w/2JSPF from 4707'-4716'.
7. Run packer & set @ 4610'.
8. Acidize 4½" csg. perforations 4707'-4716' w/1000 gal. 15% FE Acid.
9. Flush w 18 bbls. formation water.
10. Return to injection. Test injection rate @ 891 BWPD @ 1250#.

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

SIGNED

TITLE Asst. Dist. Supt.

DATE 9-7-76

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

SEP 8 1976