

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions on re-
verse 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		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR TEXACO Inc.		7. UNIT AGREEMENT NAME Cotton Draw Unit
3. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico 89240		8. FARM OR LEASE NAME Cotton Draw Unit
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.		9. WELL NO. 6
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT Paduca Delaware
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T-25-S, R-32-E Unit Letter M
		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) Reperforate in same zone	<input checked="" 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 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. Pull injection tubing. Install BOP.
2. Set cement retainer @ 4691'.
3. Squeeze 4-1/2" casing perforations 4708-4726' w/350 sx Class 'C' cement containing .5% Halidezz & 3# rock salt per sack followed by 50 sx Class 'C' cement w/2% KCL.
4. WOC 18 hrs. Test cement.
5. Clean out from 4691-4740' & spot 150 gals. 15% NE acid across perforations.
6. Perforate 4-1/2" csg w/2 JSPF from 4707-4716'.
7. Run packer & set @ 4650'.
8. Acidize 4-1/2" csg perforations 4707-4716' w/2000 gals 15% FE acid in 2-1000 gal stages using 400 gals gelled saturated brine & 400# graded salt between stages.
9. Flush w/formation water.
10. Return to injection.
11. Run Injection Profile 45 to 60 days after completion.

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

SIGNED [Signature] TITLE Asst. District Supt. DATE 4-12-76

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

