

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions  
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"/> <u>Water Inj</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>None</u>
2. NAME OF OPERATOR <u>TEXACO Inc.</u>	7. UNIT AGREEMENT NAME <u>Cotton Draw Unit</u>
3. ADDRESS OF OPERATOR <u>P.O. Box 728, Hobbs, New Mexico 88240</u>	8. FARM OR LEASE NAME <u>Cotton Draw Unit</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>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.</u>	9. WELL NO. <u>6</u>
14. PERMIT NO. <u>Regular</u>	10. FIELD AND POOL, OR WILDCAT <u>Paduca Delaware</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3454' (DF)</u>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 10, T-25-S, R-32-E, Unit Letter M</u>
	12. COUNTY OR PARISH <u>Lea</u>
	13. STATE <u>New Mexico</u>

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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.)\*

The Following Work Has Been Completed On Subject Well:

1. Pull 2-3/8" O.D. injection tubing and clean out well to 4754'.
2. Perforate 4-1/2" O.D. casing w/2 JSPF from 4722'-4726'.
3. Run 2-7/8" O.D. tubing w/packer to 4726' and spot acid (20 gal) to 4708'. Set packer at 4609'.
4. Frac down 2-7/8" tubing w/4000 gal gelled 9.2 Brine Water in two equal stages using 1# 20/40 sand and 1/40# Adomite per gallon. First stage followed w/60# moth balls.
5. Pull frac tubing and run injection tubing.
6. Spot 40 bbls inhibited water in casing annulus.
7. Return to injection.

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

SIGNED

(This space for Federal or State office use)

Assistant District  
TITLE Superintendent

DATE August 13, 1969

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

AUG 14 1969

\*See Instructions on Reverse Side

J. L. GORDON  
REGIONAL DISTRICT ENGINEER