

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions
verse side)Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

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 None
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. Regular	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, OR, etc.) 3454" (D. F.)	12. COUNTY OR PARISH Lea
	13. STATE N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

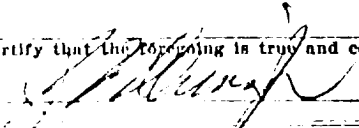
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	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 PLANN <input type="checkbox"/>	(Other) Convert to Injection <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.)*

THE FOLLOWING WORK HAS BEEN COMPLETED ON SUBJECT WELL:

1. Pulled production rods and tubing.
2. Ran 4607' 2 3/8" od internally plastic coated tubing with packer and set @ 4609'.
3. Spotted 40 Bbls. inhibited water in casing annulus.
4. Water Injection began September 6, 1968

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

SIGNED 	TITLE Assistant District Superintendent	DATE Sept. 12, 1968
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	APPROVED _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

SEP 18 1968
J. L. GORDON
ACTING DISTRICT ENGINEER