

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instruct. on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-061936-A
2. NAME OF OPERATOR TEXACO Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NONE
3. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico		7. UNIT AGREEMENT 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 located 660' from the South Line, and 660' from the West Line of Section 10, T-25-S, R-32-E, Lea County, New Mexico.		8. FARM OR LEASE NAME Cotton Draw Unit
14. PERMIT NO. Regular	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3454'	9. WELL NO. 6
		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
		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 checked="" 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) <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.)*

We propose to do the following work on subject well:

1. Pull the rods & tubing, and clean out to the total depth of 4795'.
2. Frac with 2000 gals refined oil & 2000 pounds of sand.
3. Swab well, recover load oil, Test, and place well on production.

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

SIGNED

Dan Gillett
Dan Gillett

TITLE

Assistant District

DATE

September 23, 1966

(This space for Federal or State office use)

Superintendent

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED
1966

DATE

*See Instructions on Reverse Side