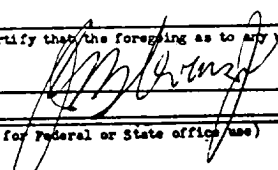


| UNITED STATES<br>DEPARTMENT OF THE INTERIOR<br>GEOLOGICAL SURVEY                                                                                                                                                                                                                                                                                                                                                    |  |                                                      |  |                                                                | LEASE DESIGNATION AND SERIAL                           |                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|--|----------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------|
| (Experimental Form April-1962)                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                      |  |                                                                | LC-061936                                              |                                                             |
| 1. SUNDRY NOTICES AND REPORTS ON WELLS<br>(Do not use this form for proposals to drill, deepen or plug-back. Another form is provided for such proposals.)                                                                                                                                                                                                                                                          |  |                                                      |  |                                                                |                                                        |                                                             |
| OIL WELL <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                        |  | GAS WELL <input type="checkbox"/>                    |  | OTHER <input type="checkbox"/> Workover                        |                                                        | 2. UNIT AGREEMENT NAME<br>Cotton Draw Unit                  |
| 2. OPERATOR<br>TEXACO Inc.                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                      |  |                                                                | 3. WELL NO.<br>32                                      |                                                             |
| 3. ADDRESS<br>P. O. Box 728 - Hobbs, New Mexico                                                                                                                                                                                                                                                                                                                                                                     |  |                                                      |  |                                                                | 4. FIELD AND POOL, OR WILDCAT<br>Paduca-Delaware       |                                                             |
| 4. LOCATION (Report location clearly and in accordance with any State requirements. See also space 17 below)<br>At surface<br>660' north of south line and 1980' west of east line of Sec. 10, Lea County, New Mexico                                                                                                                                                                                               |  |                                                      |  |                                                                | 5. SEC. T. R. N., OR B.L. & A. AREA<br>Sec. 10-25S-32E |                                                             |
| 15. EQUIPMENT: Derrick Floor<br>3460'                                                                                                                                                                                                                                                                                                                                                                               |  | Rotary Kelly Bushing                                 |  | Rotary Table                                                   | Ground                                                 | Other                                                       |
| 12. COUNTY OR PARISH<br>Lea                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                      |  |                                                                | 13. STATE<br>N.M.                                      |                                                             |
| 16. INDICATE BELOW BY CHECK MARK NATURE OF REPORT, NOTICE OR OTHER DATA                                                                                                                                                                                                                                                                                                                                             |  |                                                      |  |                                                                |                                                        |                                                             |
| NOTICE OF INTENTION TO: (Submit in triplicate)                                                                                                                                                                                                                                                                                                                                                                      |  |                                                      |  | SUBSEQUENT REPORT OF: (Submit in duplicate except abandonment) |                                                        |                                                             |
| 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 TREATMENT <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 checked="" type="checkbox"/>      |                                                        | ABANDONMENT (Submit in triplicate) <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                |  | CHANGE PLANS <input type="checkbox"/>                |  | Workover completion <input checked="" type="checkbox"/>        |                                                        |                                                             |
| (Note: Report results of multiple completion on Well Completion or Recompletion 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.                                                                                           |  |                                                      |  |                                                                |                                                        |                                                             |
| <p>Pulled rods and pump. Loaded hole with lease oil. Frac 4-1/2" casing perfs 4736' to 4744' with 750 gals lease oil and 750 lbs sand down tubing. Max pressure 1550 to 1400 lbs. Rate 4 BPM. Job complete 1:00 P.M., May 22, 1962. Swab well. Ran rods and pump and placed well on production. On 24 hour Potential test well pumped 39 BO &amp; 20 BW ending 1:30 P.M. May 25, 1962. GOR - TSTM. Gravity 41.2</p> |  |                                                      |  |                                                                |                                                        |                                                             |
| NOTE: First notice filed as E. F. Ray-Federal "B" Well No. 1.                                                                                                                                                                                                                                                                                                                                                       |  |                                                      |  |                                                                |                                                        |                                                             |
| 18. I hereby certify that the foregoing as to any work or operation performed is a true and correct report of such work or operation.                                                                                                                                                                                                                                                                               |  |                                                      |  |                                                                |                                                        |                                                             |
| SIGNED                                                                                                                                                                                                                                                                                                                           |  | TITLE Assistant District Superintendent May 29, 1962 |  |                                                                |                                                        |                                                             |
| (This space for Federal or State office use)                                                                                                                                                                                                                                                                                                                                                                        |  |                                                      |  |                                                                |                                                        |                                                             |
| APPROVED BY                                                                                                                                                                                                                                                                                                                                                                                                         |  | TITLE                                                |  | DATE                                                           |                                                        |                                                             |
| CONDITIONS OF APPROVAL, IF ANY:                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                      |  |                                                                |                                                        |                                                             |
| * See Instructions On Reverse Side                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                      |  |                                                                |                                                        |                                                             |