

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

LC-061936

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

## 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 Cotton Draw Unit
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. 33
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Well located 1980' from the North Line and 1980' from the West line of Section 10, T-25-S, R-32-E	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
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3462' DF	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) <input type="checkbox"/>	

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" 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.)\*

The following work on subject well has been completed.

1. Pulled production rods, pump and tubing.
2. Perforate 4-1/2" casing w/2 JSPF from 4734' to 4738', 4741' to 4747' and from 4752' to 4757'.
3. Run 2-7/8" frac tubing w/packer to 4757'.
4. Spot 50 gals 15% acid over perforations 4734' to 4757'.
5. Pull tubing to 4650' and set packer.
6. Acidize perforations 4712' to 4757' w/15% NEA.
7. Frac perforations 4712' to 4757' w/15,000 gals gelled lease crude in three equal stages w/1 ppg 20/40 sand, 25#/1000 gal Mark II Adomite and 40#/1000 gal gelling agent. Followed each stage w/75 lb. Unibeads.
8. Pulled 2-7/8" frac tubing and packer and ran 2-3/8" production tubing.
9. Ran pump and rods, test and return to production.
10. On 24-hour test ending 1:00 PM, December 1, 1970, pumped 42 bbls. oil and 40 bbls water, GOR 2680.

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

SIGNED

TITLE

Assistant District  
Superintendent

DATE December 2, 1970

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

\*See Instructions on Reverse Side

