| <b>Porm 9–331</b><br>(May 1963)   |                                |  |  | on re-                            |  |   |  |
|---|--------------------------------|--|--|-----------------------------------|--|---|--|
| (Do not use th  | NDRY NOTICES                   | AND REPORTS<br>drill or to deepen or plug<br>FOR PERMIN                        | ON WELLS   |                                   | 6. IF INDIAN, ALLOTTI  | UR OR TRIBE NAME                        |  |
| 1.<br>OIL GAS<br>WELL X GAS<br>WELL WELL  | . OTHER                        |  |  |                                   | 7. UNIT AGREEMENT N<br>Cotton Draw                                     | Unit                                    |  |
| 3. ADDRESS OF OPERAT  | TEXA CO                        |  |  |                                   | 8. PARM OR LEASE NA<br>Cotton Draw<br>9. WELL NO.                      |   |  |
| 4. LOCATION OF WELL<br>See also space 17  <br>At surface  | (Report location clearly a     | ox 728 - Hobbs,<br>nd in accordance with any                                   |  |                                   | 33<br>10. FIELD AND POOL, C  |   |  |
| Well located 1980' from the North Line, and 1980' from the<br>West Line of Section 10, T-25-S, R-32-E, Lea County, New Mexico |                                |  |  |                                   | Paduca Delaware<br>11. EBC., T., B., M., OR BLK. AND<br>SUEVEY OR AREA |   |  |
| 14. PERMIT NO.  | 15. 8                          | LEVATIONS (Show whether D  | F, RT, GR, etc.)                                     |                                   | Sec. 10, T-2   |   |  |
| Regular   |                                | 34621 (D   | • F.)  |                                   | Lea  | N. M.                                   |  |
| 16.   | Check Appropri                 | ate Box To Indicate N  | Nature of Notice, Rej                                | port, or Otl                      | her Data   |   |  |
| TEST WATER SHUT<br>Fracture treat<br>Shoot or acidize   |                                | ALTER CASING   | WATER SHUT-OFF<br>FRACTURE TREATE<br>SHOOTING OR ACH | KENT                              | ST REPORT OF :<br>Repairing<br>Altering C<br>Abandonme                 | ABING                                   |  |
| REPAIR WELL<br>(Other)  | CHANGE                         | PLANS  | (Other)  | wet results of                    | multiple completion  | on Well                                 |  |
| nent to this work   | )*                             | (Clearly state all pertinen<br>rilled, give subsurface loca<br>llowing work on | uons and measured and t                              | nent dates, in<br>true vertical ( | cluding estimated dat<br>depths for all marker                         | e of starting any<br>s and sones perti- |  |
| 2. Pump   | lease crude do                 | ing, and clean of wn tubing and ca   | asing tubing an                                      | nulus.                            | . •  |   |  |
|   |                                | rations with 200<br>ush with l <b>ea</b> se o                                  |  | ned oil,                          | plus 2000  |   |  |
| 4. Swab   | well, recover ]                | load oil, test,  | and place well                                       | on prod                           | 1 ction.   |   |  |
|   |                                |  |  |                                   |  |   |  |
|   |                                |  |  |                                   |  |   |  |
| 8. I hereby certify the<br>SIGNED   | t the foregoing is true an<br> |  | sistant Distric                                      | ct                                | DATE Apri  | 1 11, 1966                              |  |
| APPROVED BY   | eral or State office use)      | Su   | perintendent   | -00                               | DANED  |   |  |
| CONDITIONS OF A   | PPROVAL, IF ANY :              | *See Instructions  | on Reverse Side                                      | AYA<br>APir<br>A                  | 2 1966   | 1                                       |  |

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