			Form approved.	
Form 9-331 (May 1963)		UNITED STATES SUBMIT IN TRIPLICATE® (Other instruction on re-		
			5. LEASE DESIGNATION AND SERIAL NO. I.C.=061936-A	
	GEOLOGICAL SUR		6. IF INDIAN, ALLOTTER OR TRIBE NAME	
SUN (Do not use this	NONE			
ī.			7. UNIT AGREEMENT NAME	
OIL GAS WELL	Cotton Praw Unit			
2. NAME OF OPERATOR	8. FARM OR LEASE NAME			
	TEXACO Inc.		Cotton Draw Unit	
3. ADDRESS OF OPERATO	P. O. Box 728 -	Hobbs, New Mexico	9. WELL NO.	
		19		
4. LOCATION OF WELL (See also space 17 be	10. FIELD AND POOL, OR WILDCAT			
At surface	Paduca Delaware			
Well locate	SURVEY OR AREA			
West Line o	f Section 10, T-25-S, E-3	2-E, Lea County, N. M.	Sec. 10, T-25-S, R-32-I	
14. PERMIT NO.	15. ELEVATIONS (Show w		12. COUNTY OR PARISH 13. STATE	
Regular	- 3J1	55' (D. F.)	Lea N. M.	
16.	Check Appropriate Box To Inc	licate Nature of Notice, Report, a	or Other Data	
	SEQUENT REPORT OF:			
TEST WATER SHUT-	OFF PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL	
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	X ALTERING CASING	
HILOOT OR ACIDIZE	ABANDON®	SHOOTING OR ACIDIZING	*ABANDONMENT*	
REPAIR WELL	CHANGE PLANS	(Other)	when a making completion on Wall	
(Other)	_	Completion or Reco	ults of multiple completion on Well empletion Report and Log form.)	
17. DESCRIBE PROPOSED (proposed work. I nent to this work.)	If well is directionally drilled, give subsur	pertinent details, and give pertinent da face locations and measured and true ve	ites, including estimated date of starting any rtical depths for all markers and zones perti-	
	The following work has be	en completed on subject	well:	
	1. Pull the pump equipme	ent, and clean out to tot	cal depth of 4771.	
			1.000	

- 2. Frac perforations with 2500 gallons refined oil, and 2500 pounds of sand.
- 3. Swab well, recover load oil, Test, and place well on production.
- 4. On 24 Hour Potential Test well pumped 58 BBL 0il & 10 BBL Water, ending 6:30 A. M. September 28, 1966.

 GOR 833

 GRAVITY 44.1

18. I hereby certify that the foregoing is true and correct SIGNED	TITLE	Assistant District	DATE	September 28,19
(This space for Federal or State office use)		Superintendent		}
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE .		DATE	