

UNITED STATES  
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIP  
(Other instructions  
reverse side)

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Form approved.  
Budget Bureau No. 42-R1424.

GEOLOGICAL SURVEY

SUNDY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or re-drill or plug back to a different reservoir.  
Use "ABANDONMENT 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 1980' from the South Line and 1980' 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, CR, etc.) 3459' (DF)	9. WELL NO. 24
		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 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 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.)\*

We have completed the following work on subject well:

1. Pull pump equipment and clean out if necessary.
2. Frac with 2000 gals. refined oil carrying 1# sand per gal. Flush with 95 bbls. lease crude.
3. Swab well, recover load oil, test, place well on production.
4. On 23 hr potential test ending 7:00 a.m. 1/14/66 well pumped 52 bbls oil and 16 bbls wtr. GOR 1417, Gravity 40.1°.

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

SIGNED Dan Gillett TITLE Asst. Dist. Superintendent DATE 1/14/66

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

APPROVED

JAN 17 1966

J. L. GORDON  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side