

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPL  
(Other instructions  
verse side)E\*  
re-

COPY TO O. C. C.

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-062300

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

None

7. UNIT AGREEMENT NAME

Cotton Draw Unit

8. FARM OR LEASE NAME

Cotton Draw Unit

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Paduca Delaware

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 15, T-25-S, R-32-E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

## 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Water Injection Well	14. PERMIT NO. Regular	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3425' DF
2. NAME OF OPERATOR TEXACO Inc.		
3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, New Mexico 88240		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Well is located 660' from the south line and 660' from the west line of section 15, T-25-S, R-32-E, Unit letter M		

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 checked="" 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 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.)\*

TEXACO Inc. proposes to do the following work on subject well:

1. Perforate 4 1/2" casing through 2 3/8" OD internally plastic coated tubing w/2 JSPF at 4644' - 4666'.
2. Treat down 2 3/8" OD injection tubing with 1200 gal. 15% "homogenized" acid in three stages with each stage as follows: Pump 400 gals acid and follow with 200 lbs. salt carried by gelled brine.
3. Return to injection.

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

SIGNED

TITLE

Assistant District  
Superintendent

DATE April 14, 1971

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

APR 15 1971

\*See Instructions on Reverse Side

ARTHUR R. BROWN  
DISTRICT ENGINEER

RECEIVED

APR 2 1971

OIL CONSERVATION COMM.  
WASHINGTON, D.C.