| Form 9-331<br>(May 1963)  | DEPART  |   | ITERIOR                          | SUBMIT IN TRIPLICA<br>(Other instructions on<br>verse side) | re- nuuget Du  | reau No. 42R1424.      |
|---|---|---|----------------------------------|---|--|------------------------|
|   |   | GEOLOGICAL SURV   |                                  |   |  | U<br>TEE OR TRIBE NAME |
| (Do not u   | SUNDRY NOT<br>use this form for propo<br>Use "APPLIC  | -   |                                  |   |  |                        |
| 1.  |   |   |                                  |   | 7. UNIT AGREEMENT  | NAME                   |
|   | GAS<br>WELL OTHER   | WSM   | <u></u>                          |   | Cotton Dra<br>8. FARM OR LEASE N   | w Unit                 |
| TEXACO I  | inc.  | ,   |                                  |   | <u>Cotton Dra</u>  | w Unit                 |
| 3. ADDRESS OF O   |   | , New Mexico 88   | 240                              |   | 9. WELL NO.  |                        |
| 4. LOCATION OF W  | VELL (Report location -   | 10. FIELD AND POOL,   | 10. FIELD AND POOL, OR WILDCAT   |   |  |                        |
| See also space<br>At surface  |   |   | Paduca Delaware                  |   |  |                        |
| 1980' FNL<br>Unit Lett  | . & 1980' FEL<br>ter 'G', Lea C   | of Section 15, 1<br>ounty, New Mexic                                      | ownsnip<br>co.                   | 25-3, Range 32-   | -t, <u>11. sec., t., R., M., O</u><br>SURVEY OR AB<br>Sec. 15, T-2<br>(Unit Letter | 25-S, R-32-Ε           |
| 14. PERMIT NO.  |   | 15. ELEVATIONS (Show w  | hether DF, RT, G                 | R, etc.)  | 12. COUNTY OR PARI   |                        |
|   | gular   |   | 3445' (                          | DF)   | Lea  | New Mexico             |
| 16.   | Check A   | ppropriate Box To Ind   | icate Natur                      | e of Notice, Report,  | or Other Data  |                        |
|   | NOTICE OF INTE  |   |                                  |   | BSEQUENT REPORT OF:  |                        |
|   |   | PULL OR ALTER CASING  | -                                | WATER SHUT-OFF  | REPAIRIN   | G WELL                 |
| TEST WATER<br>FRACTURE TR   |   | MULTIPLE COMPLETE   | -                                | FRACTURE TREATMENT  | ALTERING   |                        |
| SHOOT OR AC   |   | ABANDON*  |                                  | SHOOTING OR ACIDIZING                                       | ABANDON  | MENT*                  |
| REPAIR WELL   |   | CHANGE PLANS  | _                                | (Other)   | sults of multiple completio  | on on Well             |
|   | Addl Perforati  |   | Nontineut date                   | Completion or Rec   | completion Report and Log  | torm.)                 |
| proposed w<br>nent to this  | vork. If well is direct   | ERATIONS (Clearly state all<br>ionally drilled, give subsur               | face locations                   | and measured and true ve                                    | ertical depths for all mark  | ters and zones perti-  |
| (low 1<br>WOC 1<br>4. Drill<br>5. Perfo<br>6. Set R<br>7. Acidi<br>8. Run i | fluid loss cen<br>8 hrs. Test.<br>out to 4766'.<br>rate 4-1/2" cs<br>BP @ 4720' and<br>ze perforation | sg w/l JSPF from<br>I spot 250 gals<br>ns 4703-4714' w/<br>ng and packer. | Salt per<br>4703-47<br>15% NE ad | sx. Follow W/S<br>14'.<br>cid across perfe                  | orations 4703-47   | 714'.                  |
|   |   |   |                                  |   | APPRO  | VED                    |
|   |   |   |                                  |   |  | 10.70                  |
|   |   |   |                                  |   | MAY 17   | 19/5                   |
|   |   |   |                                  |   | BERNARD MO   |                        |
|   |   |   |                                  |   | ACTING DISTRICT  | ENGINEER               |
| 18. I hereby cert<br>SIGNED   | ify that the foregoing  | is true and correct   | LE Asst                          | . Dist. Supt.   | DATE 5-  | 11-76                  |
| (This space f   | for Federal or State of   | fice use)   |                                  |   | <u> </u>   |                        |
| APPROVED  | ВҮ  | TIT   | LE                               |   | ACCEPTED F   | UR RECURD              |
| CONDITIONS  | S OF APPROVAL, IF   | ANY :   |                                  |   | I MAY 1  | TTO                    |
|   |   |   |                                  |   |  | NICAL SUBVEY           |
|   |   | *See Ins  | tructions on                     | Reverse Side  | U. S GEOLOG<br>HOBBS, NE   |                        |

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