

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.
7. LEASE DESIGNATION AND SERIAL NO.

LC-062300

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME Cotton Draw Unit	
2. NAME OF OPERATOR TEXACO INC.		8. FARM OR LEASE NAME Cotton Draw Unit	
3. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico 88240		9. WELL NO. 5	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 1980' FWL of Sec. 15, T-25-S, R-32-E Lea County, New Mexico		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	
14. PERMIT NO. Regular		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3442' DF	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		13. STATE New Mexico	

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <u>TEMP. ABD.</u>	<input checked="" type="checkbox"/>

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.)*

REMARKS

1. Well Status - TR-0 (To Be Reconditioned-Oil) - Held for Remedial Work
2. Temporary Abandonment Date - 3-4-77
3. Reason for Abandonment - Water breakthrough
4. Future Plans - Remedial work will be performed to return well to production
5. Date of Future Workover or Plugging - 4th Quarter, 1978

12/2
This approval of temporary
abandonment expires 4-1-78

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

SIGNED

TITLE Asst. Dist. Superintendent

DATE 10-27-77

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

NOV 8 1977

ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side

RECEIVED

JUN 1 1967
OIL COLLECTION COMMA.
HOBBS, N. M.