

Form 1004-0135  
(November 1983)  
(Formerly 9-331)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Subject Bureau No. 1004-0135  
Expires August 31, 1985

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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-062300	
2. NAME OF OPERATOR Texaco Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR PO Box 728, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  Unit Letter N, 660' FSL and 1980' FWL		8. FARM OR LEASE NAME Cotton Draw Unit	
14. PERMIT NO.		9. WELL NO. 11	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3428' DF 3430' KB		10. FIELD AND POOL, OR WILDCAT Paduca Delaware	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15, T25S, R32E	
		12. COUNTY OR PARISH Lea	13. STATE NM

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 type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> TA	TR-O <input checked="" type="checkbox"/> X

(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.) \*

The subject well was TR-O'd, effective May 25, 1988 by setting a CIBP at 4625', capping the CIBP with 35' cement (New PBTD: 4590'), and testing the casing to 530 psi for 15 minutes. Paduca Delaware perforations are located from 4674' to 4700'. Pending evaluation of future secondary recovery potential, the well will remain under TR-O status.

RECEIVED  
JUN 13 7 57 AM '88  
CARBONATE  
AREA HEADQUARTERS

18. I hereby certify that the foregoing is true and correct 397-3571  
SIGNED [Signature] TITLE Hobbs Area Superintendent DATE 6/8/88  
(This space for Federal or State office use)  
ORIG. SGN. NAME CHIEF, MINERAL RESOURCES  
APPROVED BY CHIEF, MINERAL RESOURCES TITLE DATE 7-26-88  
CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR 12 MONTH PERIOD  
ENDING 5/25/89  
\*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.