

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. LC-062300
2. Name of Operator Texaco E&P, Inc.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. PO Box 730; Hobbs, New Mexico 88240	7. If Unit or CA, Agreement Designation Cotton Draw Unit
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit Letter "B" Sec 15 T/S 25S R32E 660' FNL + 1980 FEL	8. Well Name and No. Cotton Draw Unit #21
	9. API Well No. 30-025-08189
	10. Field and Pool, or Exploratory Area Paduca Delaware
	11. County or Parish, State Lea County, New Mexico

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

8/30/95 Set 4 1/2" CMT RET @ 4650' SQZ 45 SX CMT Below Shut In @ 600 PSI Cap CMT RET w/ 35 SX CAL TOC @ 4144'
8/31/95 Perf @ 1170' SQZ 85 SX CMT Below Pkr Disp TOC to 1000' TAG TOC @ 995'
8/31/95 Spot 25 SX CMT @ 775' Disp TOC to 414'
8/31/95 Circ 50 SX CMT From 450' to 0'

Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

14. I hereby certify that the foregoing is true and correct		
Signed _____	Title P & A Supervisor	Date 08/31/95
(This space for Federal or State office use)		
Approved by <u>Shannon J. Shaw</u>	Title PETROLEUM ENGINEER	Date 10/17/95
Conditions of approval, if any:		

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.

*See Instruction on Reverse Side