Com 9-331 UNTED STATES BUBMIT IN TRIPSCATRS (May 1963) DEPARTMI 7 OF THE INTERIOR Verse alde) GEOLOGICAL SURVEY				Form approved. Budget Bureau No. 42-R1424. 6. LNARM DRAIGNATION AND ANRIAL NO. T.C-062300	
. (Do not use this for U	RY NOTICES AND	REPORTS ON	to a different reservoir.	6. IF INDIAN, ALLOTTE None 7. UNIT AGREEMENT N	B OR TRIBE NAME
NAME OF OPERATOR				Cotton Dr B. FARM OR LEAAHE NA	aw Unit
TEXACO Inc 8. Address of Operator			11 0703 1218 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Cotton Dr D. WELL NO.	aw Unit
P. O. Box 4. LOCATION OF WELL (Rep See also space 17 below. At surface	728, Hobbs, New Me	x1 co 88240 rdance with any Sta	te requirémeirts.•	10. FIRLD AND POOL, C Paduca De	
Well is locate	ed 1980' from the N t Letter E) of sec w Mexico.			(Unit Letter	5-S, R-32- E)
14. PERMIT NO.	15. BLEVATIONS	(Show whether DF, RT,		12. COUNTY OR PARIS	
Regular		3448 (D. F.			N.M.
16.	Check Appropriate Box	To Indicate Nati			
נסא	TICE OF INTENTION TO:		1	EQUENT REPORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CA		WATER SHUT-OFF FRACTURE TREATMENT	ALTERING	
FRACTURE TREAT RHOOT OR ACIDIZE	ABANDON*	TR	SHOOTING OR ACIDIZING	ABANDONM	
REPAIR WRLL	CHANGE PLANS		(Other) Convert	to Injection	on Well
(Other)			Completion or Recor	upietion Report and Log I	orm.)
17. DESCRIBE PROPOSED OF C proposed work. If W nent to this work.)*	COMPLETED OPERATIONS (Clearly vell is directionally drilled, give	state all pertinent d subsurface location	etails, and give pertinent dat s and measured and true ver	tical depths for all marke	rs and sones per
with packer	nole. Ran 4608' 2 and set @4610'. Bbls. inhibited wa			pated tubing	
4. Water Injec	ction began Septemb	er 6, 1968.			
	1			网络小麦属加加加加加加加加加加加加加加加加加加加加加加加加加加加加加加加加加加加加	
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	•				
18. 1 hereby certify that SIGNED	he fortening to true and correct	· A33.	istant District printendent	DATE Sept	• 9,1968
i da	Muy/	· A33.	erintendent		• 9 •1 968
SIGNED	al or State office use)	· A33.	erintendent	DATH Sept	• 9,1968
SIGNED	al or State office use)	TITLE _Sup	erintendent 4		• 9•1968
SIGNED	al or State office use) PROVAL, IF ANY:	TITLE _Sup	printendent P	PPRQVED	• 9,1968

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