

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP, (TP)
(Other instructions on re-
verse side)

Form approved,
Budget Bureau No. 42 R1424,
5. LEASE DESIGNATION AND SERIAL NO.

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 None	
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. 22	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Well is located 1980' from the South Line and 660' from the West Line of Section 15, T-25-S, R-32-E, Lea County, New Mexico. (Unit Letter L)		10. FIELD AND POOL, OR WILDCAT Paduca Delaware	
14. PERMIT NO. Regular		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3432' (D. F.)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15, T-25-S, R-32-E	
		12. COUNTY OR PARISH Lea	
		13. STATE N.M.	

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"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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.)*

TEXACO INC. HAS COMPLETED THE FOLLOWING WORK ON SUBJECT WELL:

1. Pull production tubing and run 2 1/2" O. D. Frac tubing.
2. Ran 2 1/2" Frac tubing with packer and set @ 4613'.
3. Frac Paduca Delaware perforations from 4665' to 4676' w/20,000 gals gelled lease crude w/ 1# sand per gallon and 1/40# adomite per gallon in 3 equal stages with 150# moth balls between stages.
4. Swab, Test, and return to production.

VERBAL APPROVAL RECEIVED FROM U. S. G. S. NOVEMBER 27, 1968

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

SIGNED

[Signature]

TITLE

Assistant District
Superintendent

DATE

December 31, 1968

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

JAN 2 1969

*See Instructions on Reverse Side

J L GORDON
ACTING DISTRICT ENGINEER