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NO. OF COPIES RECEIVED		Form C-103 Supersedes Old
DISTRIBUTION		C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE		State X Fee
OPERATOR		5. State Oil & Gas Lease No.
		E-5009
(DO NOT USE THIS FORM FOR	DRY NOTICES AND REPORTS ON WELLS proposals to drill or to deepen or plug back to a different reservoir. (ation for permit -" (form C-101) for such proposals.)	
1.		7. Unit Agreement Name
OIL GAS GAS WELL	OTHER-	Cotton Draw Unit
2. Name of Operator		3. Farm or Lease Name
TEXACO Inc.		Cotton Draw Unit
3. Address of Operator		9. Well No.
P. O. Box 728 - Hobbs, New Mexico 88240		3
4. Location of Well		10. Field and Pool, or Wildcat
Н	1980 FEET FROM THE North LINE AND 660 FEET FROM	Paduca Delaware
UNIT LETTER, _		<u> VIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII</u>
East	ECTION 16 TOWNSHIP 25-8 RANGE 32-E NMPM	
THELINE, SE	ECTION TOWNSHIP RANGE RANGE	-ΛΙΙΙΙΙΙΙΙΙΙΙΙΙΙ
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3435* (GP)	Lea
$^{16}$	ck Appropriate Box To Indicate Nature of Notice, Report or Ot	her Data
	•• -	T REPORT OF:
NOTICE OF	F INTENTION TO: SUBSEQUEN	T REFORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JQB	
	OTHER	
OTHER		
In Describe Depaged of Complete	of Operations (Clearly state all pertinent details, and give pertinent dates, includin,	g estimated date of starting any proposed

work) SEE RULE 1103.

TEXACO Inc. proposes to do the following work on subject well.

- 1. Pull production tubing.
- Perforate 4-1/2" O.D. casing w/2 JSPF from 4690' 4700'.
   Run 2-7/8" O.D. tubing v/packer and set # 4700'.
- 3.
- 4. Spot acid from 4690' 4700'. Pull tubing to 4600' and set packer. Pump remainder of acid (500 gal. total) down 2-7/8" tubing.
  5. Frac perforations w/20,000 gals. gelled lease crude containing 1# 20/40 sand,
- 1/40# Adomite, and 1/20# gelling agent per gal. in 3 equal stages using 60# Unibeads between stages.
- 6. Swab, test, and return to production.

18. I hereby certify that the information above is true and complete	Assistant District TITLE Superintendent	DATE November 19, 1969
APPROVED BY	NIPERVISOR DISTRICT	DATE
CONDITIONS OF APPROVAL, IF ANY:		

alate to the best of my knowledge and belief.