

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-061869

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Cotton Draw Unit

8. FARM OR LEASE NAME

Cotton Draw Unit

9. WELL NO.

43

10. FIELD AND POOL, OR WILDCAT

Paduca Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

20-25S-32E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

1. OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

TEXACO Inc.

3. ADDRESS OF OPERATOR

P. O. Box 728, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

330' from the East line and 330' from the South line

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3369' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) Extension RequestPULL OR ALTER CASING ☐MULTIPLE COMPLETION ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

(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.)*

REMARKS

1. WELL STATUS - TR-0 (To Be Reconditioned-Oil)
2. TEMPORARY ABANDONMENT DATE - January, 1974
3. REASON FOR ABANDONMENT - Water breakthrough

4. FUTURE PLANS - Evaluate for remedial work to shut off water

5. DATE OF FUTURE WORKOVER OR PLUGGING - 1976

This approval of temporary
abandonment expires Jan 1, 1976

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

SIGNED [Signature]TITLE Asst. Dist. Supt.DATE 11-24-75

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

NOV 25 1975

GIL CONSERVATION COMMISSION
HONOLULU, HI.