

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

## 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 Cotton Draw Unit
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. 43
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Well is located 330' from the South line and 330' from the East line of Section 20, T-25-S, R-32-E, Lea County, New Mexico (Unit Letter P).	10. FIELD AND POOL, OR WILDCAT Paduca Delaware
14. PERMIT NO. Regular	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T-25-S, R-32-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3369.9' GR	12. COUNTY OR PARISH Lea
	13. STATE New Mexico

## 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"/>	

## 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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <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.)\*

The following work on subject well has been completed:

1. Pulled production rods, pump and tubing.
2. Perforate 4-1/2" OD casing w/2 JSPF from 4636' to 4646'.
3. Ran 2-7/8" OD frac tubing w/packer set at 4510'.
4. Acidize casing perforations 4606' to 4646' w/500 gal 15% NEA.
5. Frac down tubing w/15,000 gal gelled lease crude in three equal stages. Use 1/ppg 20/40 sand, 25#/1,000 gal Mark II Adomite and 40#/1,000 gal gelled agent. Followed each stage with 100# Unibeads.
6. Pulled frac tubing and packer.
7. Ran 2-3/8" OD production tubing.
8. Swab, ran pump & rods.
9. On 24 hr test ending 10:00 AM, December 10, 1970. Pumped 33 bbls oil and 78 bbls water. GOR 1720.
10. Clean location.

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

SIGNED

TITLE

Assistant District  
Superintendent

DATE December 11, 1970

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

