			ිට				Y TO O. C. G.			
Form 9-331 (May 1963)		I TED STAT	ELINTE	SUBMIT IN (Other inst Verse side)			Form approve Budget Bures LEASE DESIGNATION LC-061869	u No. 42-I		
							. IF INDIAN, ALLOTTE	OR TRIBE	NAME	
	his form for problem		epen or pl	S ON WELLS ug back to a different ch proposais.)	reservoir.		NONE			
						7	7. UNIT AGREEMENT NAME			
OIL GAS WELL OTHER						Cotton Draw Unit				
2. NAME OF OFBRATOR							8. FALM OR LMANN NAME			
TEXACO Inc. 3. ADDRESS OF OPERATOR							Cotton Draw Unit			
P. O. Box 728 - Hobbs, New Mexico							26			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*							0. FIELD AND POOL, OI	R WILDCAT		
See also space 17 below.) At surface							Paduca Delaware			
Well located 660' from the East Line, and 1980' from the						ī	11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA			
North Line	of Section 2	1, T-25-S,	R-32-E	, Lea County,	N. M.		Sec. 21, T-2	5 <b>-</b> S, R-	-32 <b>-</b> E	
14. PERMIT NO.		15. ELEVATIONS (Sh				1	2. COUNTY OR PARISH			
Regular		<u>  ·</u>	479 (	D. F.)		<u> </u>	Lea	N.M	•	
16.	Check Ap	propriate Box To	Indicat	e Nature of Notice	, Report, o	r Oth	er Data			
	NOTICE OF INTENT	ION TO :		I	SUBS	BEQUEN	T REPORT OF:			
TEST WATER SHU	T-OFF	ULL OR ALTER CASIN		WATER SHU	T-OFF		REPAIRING V	TELL	1	
FRACTURE TREAT	1	ULTIPLE COMPLETE	-	FRACTURE 1		x	ALTERING CA			
SHOOT OR ACIDIZI	D A	BANDON®		SHOOTING C	R ACIDIZING		ABANDONMEN	(T*		
REPAIR WELL	cr	HANGE PLANS		(Other)		-148			]	
(Other)				inent details, and give locations and measured	letion or Reco	mpletie	multiple completion on Report and Log for	m.)		
l. Pull	. pump equipm	ent.	-	on subject w	U	HOB	EOLOGICAL SURVER			
2000				640, 4647, . unds of sand.				•		
3. Swat	well, recov	er load oil	, Test	, and return	well to	prod	uction.			
				mped 50 BBL 0 R - 740, GRAV			ater, ending			
							en an chuirean an chuirean Chuirean an chuirean an chui			
				,						
	C.									
18. I hereby certify t	hat the foregoing is	true and correct			4					
	an Gillett		<b>TIT</b> <sup>11</sup> <sup>11</sup> <sup>11</sup>	A <b>ssi</b> stant Dis <sup>.</sup> Superintenden			DATE Decemi	per 13,	<u> </u>	
APPROVED BY	'ederal or State office		TITLE		AF	sbb	OWED-			
	<b>A</b>		Instructi	ons on Reverse Sid	le	. L	1 6 1965 BORDON TRICT ENCINEER			
					nutini	u <i>D</i> 10				