

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL
(Other instructions
verse side)

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re-

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
LC-061936

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
NONE

7. UNIT AGREEMENT NAME
Cotton Draw Unit

8. FARM OR LEASE NAME
Cotton Draw Unit

9. WELL NO.
26

10. FIELD AND POOL, OR WILDCAT
Paduca Delaware

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec. 21, T-25-S, R-32-E

12. COUNTY OR PARISH
Lea

13. STATE
N. M.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
TEXACO Inc.

3. ADDRESS OF OPERATOR
P. O. Box 728 - Hobbs, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
Well located 660' from the East Line, and 1980' from the North Line of Section 21, T-25-S, R-32-E, Lea County, N. M.

14. PERMIT NO.
Regular

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3479' (D. F.)

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) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
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.)*

We propose to do the following work on subject well:

1. Pull pump equipment, and clean out if necessary.
2. Frac well with 20,000 gallons refined oil, and 20,000 pounds of sand. Flush with 75 bbls of lease crude.
3. Swab well, recover load oil, Test, place well on production.

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

SIGNED

Dan Gillett
Dan Gillett

TITLE

Assistant District
Superintendent

DATE November 30, 1965

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: