

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI (TE)
(Other instructions
verse side) re

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER Water Injection Well		5. LEASE DESIGNATION AND SERIAL NO. LC-061869
2. NAME OF OPERATOR Texaco Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 728, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME Cotton Draw Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 1980' FWL Unit Letter K		8. FARM OR LEASE NAME Cotton Draw Unit
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3045' DF	9. WELL NO. 29
		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 New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) Change Status f/SI-Inj. to Prod <input checked="" 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.)*

- 7-7-88 1. MIRU PU. Rigged up reverse unit. Installed BOP. Tested 4-1/2" csg to 500 psi for 30 minutes. Held OK.
2. TIH w/3-7/8" bit and cleaned out fill to 4700'.
- 7-8-88 3. Acidized perfs 4592-4647' w/1000 g. 15% NEFE.
4. Ran production equipment. POP.

RECEIVED
SEP 20 11 05 AM '88

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

SIGNED [Signature] TITLE Hobbs Area Superintendent DATE 9-23-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

SEP 20 1988

*See Instructions on Reverse Side

SJS

CARLEBAD, NEW MEXICO