

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.
LEASE DESIGNATION AND SERIAL NO.

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"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME LC - 061869	
2. NAME OF OPERATOR TEXACO Inc.		7. UNIT AGREEMENT NAME NONE	
3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, New Mexico 88240		8. FARM OR LEASE 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 Well is located 1980' from the North Line and 1980' from the West Line of Section 21, T-25-S, R-32-E, Lea County, New Mexico.		9. WELL NO. 30	
14. PERMIT NO. Regular		10. FIELD AND POOL, OR WILDCAT Paduca Delaware	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3411' (D. F.)		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:

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 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.)*

1. Pulled 2 3/8" od Tubing.
2. Ran 2 7/8" frac tubing w/packer and set @ 4460'.
3. Frac perforations 4586' - 4642' w/20,000 gals. gelled lease crude, 1# 20/40 sand and 1/40# Adomite per gal in 3 stages. 1st stage - 6000 gals, 2nd and 3rd stages - 7000 gals each with 150# moth balls between stages.
4. Pulled frac tubing and run 2 3/8" production tubing.
5. Swab, Test, and return to production.

ILLEGIBLE

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

SIGNED

TITLE

Assistant District
Superintendent

DATE

June 28, 1968

(This space for Federal or State office use)

APPROVED

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

JUL 1 1968

*See Instructions on Reverse Side

J L GORDON
ACTING DISTRICT ENGINEER