

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPL. (TE)  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-061869	
2. NAME OF OPERATOR TEXACO Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NONE	
3. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico		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 Well located 1980' from the South Line, and 660' from the West Line of Section 21, T-25-S, R-32-E, Lea County, New Mexico.		8. FARM OR LEASE NAME Cotton Draw Unit	
14. PERMIT NO. Regular		9. WELL NO. 35	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3395' (D. F.)		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.

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 checked="" 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 PLANS <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 has been completed on subject well.

1. Tag bottom of hole with tubing, and circulate sand out of hole.
2. Pump lease crude down tubing and casing tubing annulus.
3. Frac perforations with 2000 gals refined oil, plus 2000 pounds of sand. Flush with lease crude.
4. Swab well, recover load oil, Test, place well on production.
5. On 24 Hour Potential test ending 7:00 A. M. April 17, 1966, well pumped 55 BBL Oil & 7 BBL Water. GOR - 850, GRAVITY - 40.1.

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

SIGNED J. C. Dlevins, Jr. TITLE Assistant District Superintendent DATE April 18, 1966  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

APPROVED

APR 20 1966

\*See Instructions on Reverse Side

J. L. GORDON  
ACTING DISTRICT ENGINEER