| Form 9-331 (May 1963) | UI ED STA | | | TE* Form approved. Budget Bureau No. 42-R1424 |
|--|--|--|---|---|
| [| DEPARTMENT OF THI | E INTERIOR • | erse side) | 5. LEASE DESIGNATION AND BERIAL NO. |
| | GEOLOGICAL S | | | E. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| | MOTICES AND RE | | VELLS a different reservoir. | NONE |
| | <u>ALD 17</u> | | | 7. UNIT AGREEMENT NAME |
| WELL X WELL | OTHER | ······································ | | Cotton Draw Unit |
| | TEXACO Inc. | • | | Cotton Draw Unit |
| 8. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico | | | | 9. WBLL NO. 35 |
| 4. LOCATION OF WELL (Repo See also space 17 below.) At surface | rt location clearly and in accorda | ince with any State re | equirements.* | 10. FIELD AND FOOL, OR WILDCAT Paduca Delaware |
| | 980 ¹ from the South n 21, T-25-S, R-32-I | | | الاستخاب المتحاد المركب فالمركب فالمركب والمتكاف والمتحر فالترك والمتجود فالمتحاك والمرجع والمحمد والمرجوع والا |
| 14. PERMIT NO. | 15. ELEVATIONS (Sh | ow whether DF, RT, GR, | etc.) | 12. COUNTI OR PARISH 13. STATE |
| Regular | | 3395' (D. F. |) | Lea N. M. |
| 16. | Check Appropriate Box To | Indicate Nature | of Notice, Report, o | or Other Data |
| NOT | ICE OF INTENTION TO : | 1 | | REQUENT REPORT OF: |
| TEST WATER SHUT-OFF Fracture treat Shoot or acidize | PULL OR ALTER CASIN X MULTIPLE COMPLETE ABANDON* | | WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDISING | ALTERING WELL |
| REPAIR WELL | CHANGS PLANS | | (Other) | sults of multiple completion on Well |
| (Other) | NELETED OPERATIONS (Clearly stat | te all partinent details | Completion or Rec | ompletion Report and Log form.) ates, including estimated date of starting any |
| 1. Tag botto | do the following wo m with tubing, and o e crude down tubing | clean out wit | h sand pump if | |
| 3. Frac exis | ting perforations wit sand. Flush with] | h 2000 gallo | | |
| 4. Swab well | , recover load oil, | test and nl | ece well on m | |
| | , 1000101 1000 011, | tobby and pr | acc wert on pr | |
| | | | | |
| | | | | |
| 18. I hereby certify that the | foregoing is true and correct | | | n |
| SIGNED | levins In | TITLB | ant Dist rict | April 11, 1966 |
| (This space for Federal | or State office use) | <u></u> | | ONEU+ |
| APPROVED BY Conditions of Appro | | TITLE | APP | 21960 121960 |
| | *See | Instructions on Re | verse Side | THE UNUNEER |

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