

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE  
(Other instructions on  
reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-061869

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection		7. LEASE AGREEMENT NAME Cotton Draw Unit	
2. NAME OF OPERATOR TEXACO Inc.		8. LEASE OR NAME Cotton Draw Unit	
3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, New Mexico 88240		9. WELL NO. 37	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  Well is located 660' from the South Line and 660' from the West Line of Section 21, T-25-S, R-32-E, Unit Letter M.		10. FIELD AND POOL, OR WILDCAT Paduca Delaware	
14. PERMIT NO. Regular		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3397' DF	
		11. SEC., T., R., M., OR BLM. 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) Increase Injection Rate	<input checked="" type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input 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.)\*

TEXACO Inc. proposes to do the following work on subject well:

1. Pull 2-3/8" OD internally plastic coated tubing with packer.
2. Clean out fill to 4700' with sand pump.
3. Run 2-3/8" OD internally plastic coated tubing with packer.
4. Treat perforations down 2-3/8" tubing with 1200 gals 15% NE acid containing a "mutual solvent" in four stages with each stage as follows: Pump 300 gal. acid followed by 200 lb. salt carried by gelled brine.
5. Connect injection line and return to injection.

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

SIGNED

TITLE

Assistant District  
Superintendent

March 18, 1971

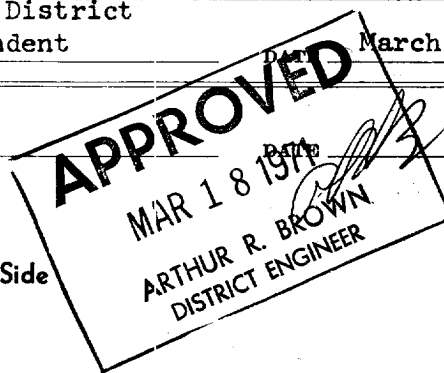
(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side



RECEIVED

MAR 23 1971

OIL CONSERVATION COMM.  
WASHINGTON, D. C.