Form 9-331 (May 1963)

(Other)

UNITED STATES OF THE INTERIOR **DFPARTME**

SUBMIT IN TRIPLE				Budget	
(Other instruction verse side)	,1	re-		DESIGN	

				pprov Bure			. 42	R	424.
5.	LEASE	DES	G N	ATION	4.5	(D)	ALH 34	.1.	NO.

	10-061869					
SUNDRY NOTICES AND REPORTS ON WELLS (1'm not use this form for proposels to drill or to deepen or plug back to a different reservoir. Use "APARTS VIIION DOE SCHAME From such proposals.)			6. IF INDIAN, ALLOTTEE OR TRIBE NAME NOTIC			
1.			7. UNIT AGREEMENT NAME			
OIL WELL X WELL OT 2. NAME OF OPERATOR	Cotton Draw Unit					
TEXACO Inc.	Cotton Praw Unit					
P. O. Box 72 4. LOCATION OF WELL (Report loc See also space 17 below.) At surface	8, Hobbs, New Mexico 86 adon clearly and in accordance with any	32140 v State requirements.•	10. FIELD AND POOL, OR WILDCAT Paduca Delaware			
	660' from the South Li 21, T-25-S, R-32-E, Le tter M.					
14. PERMIT NO.	15. ELEVATIONS (Show whether D	F, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE			
Regular	3397¹ (D. F.	.)	Lea N. M.			
16. Che	ck Appropriate Box To Indicate 1	Nature of Notice, Report,	or Other Data			
NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL			

PRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT ALTERING CASING SHOOT OR ACIDIZE Convert to Injection REPAIR WELL CHANGE PLANS (Note: Report results of multiple complction 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. Pull production rods and tubing.
- 2. Ran 2/38" od internally plastic coated tubing with packer and set @ 4575".
- 3. Spotted 40 barrels inhibited water in casing annulus.
- 4. Job complete8-9-68. Converted to injection.

8. I hereby certify that the foregoing is true and correct SIGNED All Margins	TITLE .	Assistant Superinter		DATE	8-13-68
(This space for Federal of State office use)			APPRO	グヒレ	
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE .		DISTRICT ENG	TINEER —	, ,

*See Instructions on Reverse Side