

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instructions
where applicable)

COPY TO U. S. G.

Form approved,
Budget Bureau No. 42 R1124.
5. LEASE DESIGNATION AND SERIAL NO.

LC-061869
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

None

7. UNIT AGREEMENT NAME

Cotton Draw Unit

8. FARM OR LEASE NAME

Cotton Draw Unit

9. WELL NO.

37

10. FIELD AND POOL, OR WILDCAT

Paduca Delaware

11. HRC, T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 21, T-25-S, R-32-E,
Unit Letter M

12. COUNTY OR PARISH 13. STATE

Lea

N.M.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen and pump back to a different reservoir.
Use "APPLICATION FOR PERMIT TO DRILL" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. NAME OF OPERATOR TEXACO Inc.	
3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, New Mexico 88240	
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 Sec. 21, T-25-S, R-32-E, Lea County, New Mexico. Unit Letter M.	
14. PERMIT NO. Regular	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3397' (D. F.)

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) Convert to Injection <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.) *

We propose to do the following work on subject well:

1. Pull production rods and tubing.
2. Run 2 3/8" OD internally plastic coated tubing with packer and set @ 4575'.
3. Spot 40 barrels inhibited water in casing annulus.
4. Water Injection to begin on or about 8-9-68.

APPROVED
AUG 15 1968
A. R. BROVIN
DISTRICT ENGINEER

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

SIGNED

Assistant District
Superintendent

DATE August 15, 1968

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: