

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions
reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

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-061689
2. NAME OF OPERATOR Texaco Inc		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, NM 88240		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 660' FSL & 1980' FSL		8. FARM OR LEASE NAME 38
14. PERMIT NO. 30-025-08212		9. WELL NO. 38
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3404' KB		10. FIELD AND POOL, OR WILDCAT Paduca Delaware
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 21, T25S R32E
		12. COUNTY OR PARISH Lea
		13. STATE NM

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 PLANE	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input 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 checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>		<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.)*

- 1) MIRU Pulling Unit. Installed BOP.
- 2) Went in hole with 4½" cement retainer on 2 3/8" tubing. Set retainer at 4047'. Squeezed perfs 4604'-4647' with 50 sx class "H" with 2% CaCl₂.
- 3) Stung out of retainer. Spotted 10 sx plug on top. POH.
- 4) Perforated 4½" casing with 2 shots at 1225'.
- 5) Went in hole with 4½" cement retainer on 2 3/8" tubing. Set retainer at 242'. Pumped 350 sx class "H" with 2% CaCl₂ through perfs. Circulated 30 sx.
- 6) Stung out of retainer. Circulated 4½" casing with 50 sx class "H" with 2% CaCl₂ to surf
- 7) Removed BOP. Installed marker. Changed status to P&A effective 02/04/86.

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

SIGNED W.B. Cuth

TITLE District Oper. Manager

DATE 02/21/86

(This space for Federal or State office use)

APPROVED BY Asst. Dir. Charles S. Dalton
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

8-6-86

*See Instructions on Reverse Side

RECEIVED
AUG 8 1986
O.C.P.
HOBBS OFFICE