

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-76

5a. Indicate Type of Lease  
State ☐ Federal ☒ Fee ☐  
5. State Oil & Gas Lease No.  
**LC-005247**

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 -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name <b>Cotton Draw Unit</b>
2. Name of Operator <b>TEXACO Inc.</b>	8. Farm or Lease Name <b>Cotton Draw Unit</b>
3. Address of Operator <b>Drawer 728, Hobbs, New Mexico 88240</b>	9. Well No. <b>18</b>
4. Location of Well UNIT LETTER <b>F</b> <b>1650</b> FEET FROM THE <b>FNL</b> LINE AND <b>1650</b> FEET FROM THE <b>FWL</b> LINE, SECTION <b>22</b> TOWNSHIP <b>25</b> RANGE <b>32E</b> NMPM.	10. Field and Pool, or Wildcat <b>Paduca Delaware</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3420 DF</b>	12. County <b>Lea</b>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
		OTHER <b>Bradenhead Survey</b>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

N.M.O.C.D. Representative David Catanach visually inspected valves on each string of pipe.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED *[Signature]* TITLE Ass't. District Manager DATE 8-7-84  
APPROVED BY *[Signature]* TITLE OIL & GAS INSPECTOR DATE AUG 14 1984  
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

AUG 13 1984

OFFICE  
FEDERAL BUREAU OF INVESTIGATION