

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions re-
verse side)Approved.
Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

LC-062300

6. IF INDIAN, ALLOTTED OR TRIBE NAME

7. UNIT AGREEMENT NAME

Cotton Draw Unit

8. FARM OR LEASE NAME

Cotton Draw Unit

9. WELL NO.

48

10. FIELD AND POOL, OR WILDCAT

Paduca Delaware

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

Sec. 22, T-25-S, R-32-E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

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"/>	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 2310' from the south line and 330' from the West line of Sec. 22, T-25-S, R-32-E, Lea County, New Mexico (Unit Letter L).
14. PERMIT NO. Regular	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3409' DF	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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.) *

The following work on subject well has been completed.

1. Pulled production rods, pump and tubing.
2. Run 2-7/8" frac tubing w/packer and set at 4550'.
3. Frac from 4653' to 4682' w/15,000 gals. gelled lease crude in three equal stages. Use 1 ppg 20/40 sd, 2516/1000 gals Mark II adomite and 40 lb/1000 gal. gelling agent. Followed each stage w/75 lbs. Unibeads.
4. Pulled 2-7/8" frac tubing and packer.
5. Run 2-3/8" production tubing.
6. Swab, run pump, rods and return to production.
7. On 24 hour PT ending 7:00 A.M. September 25, 1970 pumped 34 BNO and 44 BFW. Grav. 42, GOR 660, 1-1/2" pump, 12-54" SPM.

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

SIGNED

TITLE

Assistant District
Superintendent

DATE 9-25-70

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

SEP 28 1970

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

RECEIVED

SEP 29 1970

**OIL CONSERVATION COMM.
HOBBS, N. M.**