

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instructions on
reverse side)

COPY TO O.C.S.

Form approved,
Budget Bureau No. 42-R1424.

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 TO DRILL OR TO DEEPEN OR TO PLUG BACK TO A DIFFERENT RESERVOIR".)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-062300
2. NAME OF OPERATOR TEXACO Inc.		6. IF INDIAN, ALLOTTEE OR TRIBAL NAME None
3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, New Mexico 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 Well is located 660' from the North Line and 660' from the West Line of Section 22, T-25-S, R-32-E, Lea County, New Mexico. (Unit Letter D)		8. FARM OR LEASE NAME Cotton Draw Unit
14. PERMIT NO. Regular	15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3418' (D. F.)	9. WELL NO. 4
		10. FIELD AND POOL, OR WILDCAT Paduca Delaware
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, 25-S, R-32-E
		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 COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT 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"/>	

(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 HAS BEEN COMPLETED ON SUBJECT WELL:

1. Pulled production tubing.
2. Ran 148 Joints 2 7/8" frac tubing W/packer and set @ 4610'.
3. Frac casing perforations 4662' to 4685' W/20,000 gals. 9.2# brine water W/1# 20-40 sand and 1/40# Adomite per gallon and 1% KCL in 3 equal stages W/ 150# moth balls between stages.
4. Pulled frac tubing and packer. Ran 147 Joints 2 3/8" O. D. production tubing open end @ 4618'.
5. Swab, Test, and return well to production.

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

SIGNED W. M. Morgan

TITLE District Superintendent

DATE April 14, 1969

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED

DATE _____

APR 15 1969

J. L. GORDON
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side