

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-062300

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.

1

10. FIELD AND POOL, OR WILDCAT

Paducah Delaware

11. WELL, T., R., M., OR B.M., AND
SURVEY OR AREA

Sec. 22, 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 ☒ GAS WELL ☐ OTHER ☐

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 North Line and 660' from the West Line of Section 22, T-25-S, R-32-E, Lea County, New Mexico. (Unit Letter D)

14. PERMIT NO.

Regular

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

3418' (D. F.)

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

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.)*

TEXACO PROPOSES TO DO THE FOLLOWING WORK ON SUBJECT WELL:

1. Pull Production tubing.
2. Run 2 7/8" O. D. Frac tubing with packer and set @ 4600'.
3. Frac 4 1/2" O. D. Casing perforations 4662' to 4685' w/20,000 gals. gelled 9.2# brine water containing 1# per gallon of 20/40 sand in 3 equal stages following each stage w/150# moth balls.
4. Pull Frac tubing and run production tubing.
5. Swab, Test, and return to production.

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

SIGNED

TITLE

Assistant District
Superintendent

DATE March 25, 1969

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

MAR 26 1969

*See Instructions on Reverse Side