

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well  
☐ Oil Well ☐ Gas Well ☒ Other INJECTION

2. Name of Operator  
Texaco Exploration and Production Inc.

3. Address and Telephone No.  
P.O. Box 730, Hobbs, NM 88240

505-393-7191

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
1980' FNL & 660' FWL Unit Letter E  
S22-T25S-R32E

FORM APPROVED

Budget Bureau No. 1004-0135  
Expires: March 31, 1993

5. Lease Designation and Serial No.

LC-061300 062300

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation  
Cotton Draw Unit

8. Well Name and No.  
Cotton Draw Unit # 9

9. API Well No.  
30 - 025 - 08222

10. Field and Pool, or Exploratory Area  
Paduca Delaware

11. County or Parish, State  
Lea

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

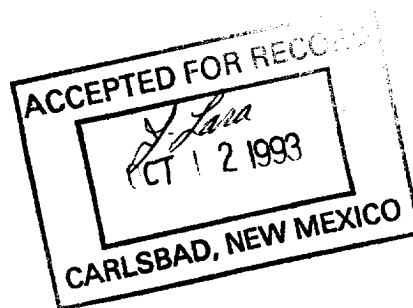
- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☐ Other

- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

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

13. 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. RU. Install BOP.
2. TIH w/ bit.
3. C/O to 4705'.
4. Acidize Paduca Delaware Perfs 4672' - 4682'
5. TIH w/injection string and inj pkr.
6. Set packer @ 4543'. Test casing to 500# 30 min - held OK.  
(Chart submitted to NMOC, copy on reverse side)
7. 06-10-93 Inject 199 BWPD @ 830#.



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

Signed J. Lara

Title Engr Asst

Date 09-15-93

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date

