

UNITED STATES
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPLICATE
(Other instruction
verse side)

DATE

Form approved.
Budget Bureau No. 42-R1424.

GEOLOGICAL SURVEY U. S. G.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen a well, but to a different reservoir.
Use "APPLICATION FOR REPAIRS" for such proposals.)

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 TRIBE NAME NONE
3. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico		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 located 1980' from the North Line, and 660' from the West Line of Section 22, T-25-S, R-32-E, Lea County, New Mexico.		8. FARM OR LEASE NAME Cotton Draw Unit
14. PERMIT NO. Regular		9. WELL NO. 9
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3414' (D. F.)		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 N. M.

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 checked="" type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input 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.)*

We propose to do the following work on subject well:

1. Tag bottom with tubing, and clean out with sand pump, if necessary.
2. Pump lease crude down tubing and casing tubing annulus.
3. Frac existing perforations with 2000 gallons refined oil, plus 2000 pounds of sand. Flush with lease crude.
4. Swab well, recover load oil, test, and place well on production.

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

SIGNED

J. G. Blevins, Jr.

TITLE

Assistant District
Superintendent

DATE April 11, 1966

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

*See Instructions on Reverse Side

