

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIP  
(Other instructions  
on reverse side)

Form approved  
Budget Bureau No. 12 R1121  
5. LEASE DESIGNATION AND SERIAL NO.

LC-062300

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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"/>                                                                                                                                                                        |  | 7. UNIT AGREEMENT NAME<br>Cotton Draw Unit                                |  |
| 2. NAME OF OPERATOR<br>TEXACO Inc.                                                                                                                                                                                                                                                      |  | 8. FARM OR LEASE NAME<br>Cotton Draw Unit                                 |  |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 728 - Hobbs, New Mexico                                                                                                                                                                                                                             |  | 9. WELL NO.<br>16                                                         |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br>Well located 510 feet from the North line and 1830 feet from the West line of Section 22, T-25S, R-32E, Unit Letter C, Lea County, New Mexico |  | 10. FIELD AND POOL, OR WILDCAT<br>Paduca Delaware                         |  |
| 14. PERMIT NO.<br>Regular                                                                                                                                                                                                                                                               |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 22, T-25S, R-32E |  |
| 15. ELEVATIONS (Show whether DE, RT, GR, etc.)<br>3421 DF                                                                                                                                                                                                                               |  | 12. COUNTY OR PARISH<br>Lea                                               |  |
|                                                                                                                                                                                                                                                                                         |  | 13. STATE<br>New Mexico                                                   |  |

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

NOTICE OF INTENTION TO:

|                     |                          |                      |                          |
|---------------------|--------------------------|----------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | PULL OR ALTER CASING | <input type="checkbox"/> |
| FRACTURE TREAT      | <input type="checkbox"/> | MULTIPLE COMPLETE    | <input type="checkbox"/> |
| SHOOT OR ACIDIZE    | <input type="checkbox"/> | ABANDON*             | <input type="checkbox"/> |
| REPAIR WELL         | <input type="checkbox"/> | CHANGE PLANS         | <input type="checkbox"/> |
| (Other)             |                          |                      |                          |

SUBSEQUENT REPORT OF:

|                       |                                     |                 |                          |
|-----------------------|-------------------------------------|-----------------|--------------------------|
| WATER SHUT-OFF        | <input type="checkbox"/>            | REPAIRING WELL  | <input type="checkbox"/> |
| FRACTURE TREATMENT    | <input checked="" type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| SHOOTING OR ACIDIZING | <input checked="" type="checkbox"/> | ABANDONMENT*    | <input type="checkbox"/> |
| (Other)               |                                     |                 |                          |

(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. Pull rods and tubing.
2. Perforate 2-7/8" casing w/2 JSPPF from 4700' to 4720'.
3. Pump 30 ball sealers w/15 barrels lease crude.
4. Acidize w/500 gallons acid in 3 equal stages. Follow each stage w/9 ball sealers.
5. Frac w/20,000 gals gelled lease crude w/1# 20-40 sand per gal, 25#/1000 gals. Mark II Adomite and 40#/1000 gal gelling agent in 3 equal stages. Follow each stage w/25# unbeads.
6. Swab, run tubing, rods, test and return to production.

ILLEGIBLE

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

SIGNED

*[Signature]*

TITLE

Assistant District

Superintendent

DATE July 14, 1970

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

JUL 16 1970

\*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

ACCEPTED FOR RECORD  
JUL 18 1961  
U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION