

UNITED STATES
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a new reservoir.
Use "APPLICATION FOR PERMIT TO DRILL" for such proposals.)

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.

50

10. FIELD AND POOL, OR WILDCAT

Paduca Delaware

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 28, T-25-S, R-32-E

12. COUNTY OR PARISH

Lea

13. STATE

N. M.

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

TEXACO Inc.

3. ADDRESS OF OPERATOR

P. O. Box 728 - Hobbs, New Mexico

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 1980' from the
West Line of Section 28, T-25-S, R-32-E, Lea County, N. M.

14. PERMIT NO.

Regular

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

3392' (D. F.)

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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

PULL OR ALTER CASING

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

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<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, if bottom below 4616', skip items 2 & 3.
2. Using pump truck, mud tank, tubing with saw-toothed pup-joint, & tongs to rotate, reverse circulate hole clean to 4694' with water.
3. Swab test well, if results unsuccessful, proceed to item 4.
4. Pull tubing and frac with 2000 gallons refined oil, 2000 pounds of sand, and flush with 100 bbls lease crude.
5. Swab well, recover load oil, Test, and place well on production.

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

SIGNED

Dan Gillett

TITLE

Assistant District

DATE Nov. 29, 1966

(This space for Federal or State office use)

Superintendent

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
NOV 29 1966
A. R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side