

DEPARTMENT OF THE INTERIOR (Other Instructions on re-  
BUREAU OF LAND MANAGEMENT  
JUL 7 1988

Expires August 31, 1985

## SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection Well		JUL 7 11 00 AM '88	
2. NAME OF OPERATOR Texaco Inc.		CARLISBAD, NEW MEXICO	
3. ADDRESS OF OPERATOR PO Box 728, Hobbs, New Mexico 88240		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 660' FNL & 1980' FWL of Section 28, T-25-S, R-32-E, Unit Letter C		8. FARM OR LEASE NAME	
14. PERMIT NO.		9. WELL NO. 47	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3390' DF		10. FIELD AND POOL, OR WILDCAT Paduca Delaware	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA S-28, T-25S, R-32E	
		12. COUNTY OR PARISH Lea	
		13. STATE New Mexico	

## 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 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"/>	
(Other) Change Status		(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.)\*

Texaco intends to change the status of this well from ASD to producing.

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

SIGNED

TITLE Area Superintendent

DATE 6-30-88

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

Subject to  
LHA Approval  
by SWS

\*See Instructions on Reverse Side

ACCEPTED FOR RECORD

Peter W. Chester  
JUL 1 1988

CARLSBAD, NEW MEXICO