Form 9-331 (May 1963)	UI ED S DEPARTMENT OF GEOLOGICA	~ · · · · · · · · · · · · · · · · · · ·	ERIOR (Other instructions (Bu Bu	rm approved. dget Bureau No. 42-R1424 SIGNATION AND SERIAL NO. 36-A	
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for himposals to drift or to break or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)					6. IF INDIAN, ALLOTTEE OR TRIBE NAME NONE	
OIL GAS WELL X OTHER 2. NAME OF OPERATOR				Cotton	7. UNIT AGREEMENT NAME Cotton Draw Unit 8. FARM OR LEASE NAME	
TEXACO Inc. 8. ADDRESS OF OPERATOR P. O. Boy 728 Hobbs Nov. Marine				9. WELL NO.		
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					66 10. FIELD AND POOL, OR WILDCAT Wildcat	
Well located 760' from the West Line, and 2080' from the North Line of Section 10, T-25-S, R-32-E, Lea County, N. M.				SURVE	11. SEC., T., R., M., OR BLK, AND SURVEY OR AREA Sec. 10, T-25-S, R-32-E	
14. PERMIT NO. Regular		34791 (D.	r DF, RT, OR, etc.) F.)	12. COUNTY Lea	OR PARISH 13. STATE N. M.	
16.	Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data					
	NOTICE OF INTENTION TO:		SUBS	EQUENT REPORT O	r:	
TEST WATER SHUT- FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	PULL OR ALTER OF MULTIPLE COMPI		WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (NOTE: Report resu Completion or Reco	AI AE	TERING CABING ANDONMENT*	
proposed work. I nent to this work.)	13 3/8"	Total O. D. Cas	nent details, and give pertinent day ocations and measured and true ver Depth - 5000!	tical depths for a	ll markers and zones perti-	
	and cemented at 500 Lite Wate, and 200 Cemented second sta	00' with Sx. Clas age with	Casing, 45.50 LB, J=5 the first stage, 650 s "C" neat. Cement C 1200 Sx. Trinity Lite Job complete 12:15 A.	Sx. Trinity irculated. Wate.	•	
	from 11:30 A. M. to Drilled cement plug	o 12:00 N g and re- P. M. to	for 30 minutes with oon March 8, 1967. Ttested for 30 minutes 8:00 P. M. March 8, M. March 8, 1967.	ested 0. K. with 2000	•	
18. I hereby certify that SIGNED	the foregoing is true and correct	et	Assistant District	DATE _	March 9, 1967	
(This space for Fede	Dan Gillett ral or State office use)	TITLE	Superintendent	DATE _		
CONDITIONS OF A	PPROVAL, IF ANY:		74.44.5			