

N.M.O.C.D. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TR
(Other Instructi
verse side)

CATE*
on re-

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 31370

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 ☐ GAS WELL ☐ OTHER Dry Hole

2. NAME OF OPERATOR
DEPCO, Inc. ✓

3. ADDRESS OF OPERATOR
800 Central, Odessa, Texas 79761

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface 990 FNL & 1980 FWL, Sec. 14, R-28E, T-15S,
U.L. "C"

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Papalotes Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Wildcat Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
14-15-28

12. COUNTY OR PARISH
Chaves

13. STATE
N.Mex. .

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3685.5 GR.

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 checked="" type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

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

9-13-80 Set Class "H" Cement plugs as follows:
50 sx. - 9550-9700'
50 sx. - 9095-9245'
50 sx. - 6727-6877'
30 sx. - 3858-4858'
30 sx. - 2100-2200'
15 sx. set @ surface w/dry hole marker

RECEIVED

OCT 21 1980

O. C. D.
ARTESIA, OFFICE

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

SIGNED A. L. Denny

TITLE Chief Clerk

DATE 10-2-80

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE OCT 10 1980