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NEW MEXICO OIL CONSERVATION COMMISSION

FEB 25 1972

O. C. C.
ARTESIA, OFFICE

5a. Indicate Type of Lease

State ☐ Fee ☒

5. State Oil & Gas Lease No.

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 —" (FORM C-101) FOR SUCH PROPOSALS.)

1.
OIL WELL ☐   GAS WELL ☒   OTHER-

7. Unit Agreement Name

2. Name of Operator
Delaware-Apache Corporation /

8. Farm or Lease Name
Holden

3. Address of Operator
1720 Wilco Bldg.   Midland, TExas 79701

9. Well No.
1

4. Location of Well

UNIT LETTER **J** , **1980** FEET FROM THE **South** LINE AND **1980** FEET FROM

THE **East** LINE, SECTION **12** TOWNSHIP **17S** RANGE **26E** NMPM.

10. Field and Pool, or Wildcat
Wildcat

15. Elevation *(Show whether DF, RT, GR, etc.)*
Gr 3304'

12. County
Eddy

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

OTHER _____ ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOB ☐

OTHER _____

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

☐

17. Describe Proposed or Completed Operations *(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)* SEE RULE 1103.

12-10-71   Ran DST #1 8353'-8386'. 10 min pre flow, 60min ISI, 60 min flow period. 90 min final SI. Gas to surface in 11 mins, @ 120 MCFD, stabilized @ 70 MCFD after 15 mins. Recovered 150' drilling mud, sample chamber recovered 1.3 CFG @ 25#, BHT 142°, BHC 5/8", surface choke 1/2", IHP 3959, IFP 214, FFP 158, ISIP 3458, FSIP 3500, FHP 3959.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED *Bonnie Husband*   TITLE **Production Clerk**   DATE **2-24-72**

APPROVED BY *For Record Only*   TITLE OIL AND GAS INSPECTOR   DATE FEB 25 1972

CONDITIONS OF APPROVAL, IF ANY: