SUNDRY NOTICES AND REPORTS ON WELLS (Ho 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.) OIL WELL WELL OTHER TA NAME OF OPERATOR DEPCO, INC. ADDRESS OF OPERATOR 8. FARM OR LEASE NAME Federal 33-C 9. WELL NO. 2 10. FIELD AND POOL, OR WILDCAT See also space 17 below.) At surface 1010' FNL & 1710' FWL, Sec 33, T-17s, R-29e 15. FIEVATIONS (Show whether DF, RI, GR, etc.) 12. COUNTY OR PARISH 13. STATE	ormerly 9=331)	 -	THE INTER	Moresta, WW 6821	5. LEASE DESIGNATION AND SERIAL NO. C
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Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Subsequent Effort of: TEST WATER SHIFT-OFF PRACTIBLY TREAT SHOOT OR ACTURE CHANGE PLANE COMPLETE CHANGE PLANE COMPLETE PRACTIBLY TREATMENT SHOOT OR ACTURE CHANGE PLANE COMPLETE COMPLETE PRACTIBLY TREATMENT SHOOT OR ACTURE SHOOT OR ACTURE COMPLETE COMPLETE PRACTIBLY TREATMENT ALTERING CABING ANNOONMENT ALTERING CABING ANNOONMENT COMPLETE COMPLETE COMPLETE PRACTIBLY TREATMENT ALTERING CABING ANNOONMENT ALTERING CABING ANNOONMENT COMPLETE COMPLETE COMPLETE COMPLETE PRACTIBLY TREATMENT ALTERING CABING ANNOONMENT ALTERING CABING ALTERING CABING ALTERING CABING ALTERING CABING NOTE: Report results of multiple completion on Well Completion on Kneeupletion Export and Log Corna. ALTERING CABING ALTERING CABING NOTE: Report results of multiple completion on Well Completion on Kneeupletion Export and Log Corna. ALTERING CABING ALTERING CABING ALTERING CABING ALTERING CABING NOTE: Report results of multiple of multiple completion on Well Completion on Kneeupletion from Log Corna. ALTERING CABING ALTERING CABING ALTERING CABING ALTERING CABING NOTE: Report results of multiple o	See also space 17 below.)	It location cleanly and in a		State equirements.	Empire Wolfcamp
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DESCRIBE PROPOSED OF 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.) 6-13-86: Set CIBP @ 7650' w/35' cmt on top. Tested csg @ 150# for 15 min. Tested OK. ACCEPTED TO THE COLOR OF THE COLOR	FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL	MULTIPLE COMP		FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) Test	ALTERING CASING ABANDONMENT* CSG. Suits of multiple completion on Well
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Thereby certify that the foregoing is true and correct SIGNED R. L. Denney TITLE Chief Production Clerk DATE 6-30-86	proposed work. If we nent to this work.) •	et CIBP @ 7650'	Tive Subsulface loc	nt details, and give pertinent of ations and measured and true v	lates, including estimated date of starting any certical depths for all markers and zones perti-
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*See Instructions on Reverse Side