

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUNDRY NOTICES AND REPORTS ON WELLS

SUBMIT IN TRIPPLICATE
Other Instructions
Verbal Side

Budget Bureau No. 1004-0135
Expires August 31, 1985

dsr

5. LEASE DESIGNATION AND SERIAL NO.

NM 14845

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 33-C

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

S. Empire Wolfcamp

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec 33, T-17s, R-29e

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

1. OIL WELL ☐ GAS WELL ☐ OTHER TA

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 1010' FNL & 1710' FWL, Sec 33, T-17s, R-29e

14. PERMIT NO.

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

3555 GL

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
(Other) ☐

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
(Other) ☐

(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.) *

DEPCO, Inc. proposes to set a CIBP @ 7650' w/35' cmt on top, then test the csg to show that the csg is in satisfactory condition.

We plan to utilize this well in future waterflood operations in the Grayburg Jackson formation.

Well diagram enclosed.

APPROVED FOR ¹² MONTH PERIOD
ENDING 5/29/87

Upon completion of satisfactory
well test.

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

SIGNED R. L. Denney R. L. Denney TITLE Chief Production Clerk

DATE 5-27-86

(This space for Federal or State office use)

APPROVED BY O. S. S. S. S. S.

TITLE

DATE 5-29-87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side