Form 9-331 (May 1963)			
101m 3=331			Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. NM - 0555569
	OTICES AND REP		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL GAS WELL OTHER	R	OCT 3 1 1984	7. UNIT AGREEMENT NAME Artesia Seven Waterflood
2. NAME OF OPERATOR DeltaUS Corporation	<i>y</i>	O. C. D. ARTESIA, OFFICE	8. FARM OR LEASE NAME Green Federal
3. ADDRESS OF OPERATOR 3100 C, North "A" St		Texas 79705	9. WELL NO. 8
4. LOCATION OF WELL (Report location clearly and in accordance See also space 17 below.) At surface FEL		with any State requirements.	Artesia QGSA
330' FNL 2310'			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA S31, T-17-S, R-29-E
14. PERMIT NO.	15. ELEVATIONS (Show 3641)	whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE Eddy New Mexico
16. Check	Appropriate Box To In	dicate Nature of Notice, Report,	or Other Data
	TENTION TO:		UBSEQUENT REPORT OF:
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) 17. DESCRIBE PROPOSED OR COMPLETED proposed work. If well is dir nent to this work.)*	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS OPERATIONS (Clearly state a ectionally drilled, give subst	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZIN (Other) (NOTE: Report of Recompletion of Recompletio	X REPAIRING WELL ALTERING CASING
450' and cemented wi 20 sx to pit. Plug	ith 250 sx Class down at 2:15 AM 000 psi for 30 mi	7/8" 26.4# K-55 ST&C cas "C" w/2% CC & 1/4# Floc on 10-13-84. WOC 21.25 n, held okay. Drilled	ele. Circulated hours. Test

(include MENICO *See Instructions on Reverse Side