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O. C. D.

ARTESIA, OFFICE

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ well gas ☐ well other WIW
2. NAME OF OPERATOR  
DEPCO, INC.
3. ADDRESS OF OPERATOR  
800 Central, Odessa, Texas 79761
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 660' FSL & 1980' FEL, Sec 12,  
AT TOP PROD. INTERVAL: T-18S, R-28E  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | REQUEST FOR APPROVAL TO:                      | SUBSEQUENT REPORT OF:    |
|---|--------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/>  | <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>       | <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>     | <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/>          | <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE <input type="checkbox"/>    | <input type="checkbox"/> |
| CHANGE ZONES <input type="checkbox"/>         | <input type="checkbox"/> |
| ABANDON* <input type="checkbox"/>             | <input type="checkbox"/> |
| (other) <u>Find holes in csg.</u>             |                          |

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. plans to dig working pit to back flow well, release pkr and find holes in csg.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

5. LEASE LC-028772 B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Dunn Federal

9. WELL NO.  
8

10. FIELD OR WILDCAT NAME  
Artesia, Q, GBR

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 12, 18S, 28E

12. COUNTY OR PARISH Eddy 13. STATE New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

Subsurface Safety Valve: Manu. and Type

Set @ \_\_\_\_\_ Ft.

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

SIGNED R. L. Denney L. Denney TITLE Chief Prod Clerk DATE 9-4-85

(This space for Federal or State office use)

APPROVED BY Charles S. Denney TITLE \_\_\_\_\_ DATE 9-30-85

CONDITIONS OF APPROVAL, IF ANY: