| Mary Broth DE | L TED STATES PARTMENT OF THE INTER GEOLOGICAL SURVEY | SUBMIT IN TR CAT Other instructions on RIOR verse side) | | au No. 42 R1424. | |
|--|---|--|--|---|--|
| SUNDRY (Do not use this form time) | 6. IF INDIAN, ALLOTTE | 6. IF INDIAN, AGEOTYER OF TRIBE NAME | | | |
| I. OHL CX GAS WILL D OTHER | | | 7. UNIT AGREEMENT NA | 7. UNIT AGRIEMENT NAME | |
| DEPCO, Inc. | | | S. FARM OR LEASE NAME Dunn B Federal 9. WELL NO. | | |
| 800 Contral, Odessa, Texas 79760 4. Too viton or will, (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface | | | Artesia | Artesia 11. sec., t., e., m., or bek. and survey or area | |
| 660' FNL x 1980' FEL, Section 11, T-18-S, R-28-E NMPM | | | Sec. 11, T-18 | NMPM 3-S, R-28-E | |
| 14. совунт хо. | 15. ELEVATIONS (Show whether 3646 DF | DF, RT, GR, etc.) | | 12. COUNTY OR PARISH 13. STATE Eddy New Mexico | |
| 16. Ch | eck Appropriate Box To Indicate | Nature of Notice, Report, or | | <u> </u> | |
| NOTICE | EQUENT REPORT OF: | JENT REPORT OF: | | | |
| TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) 17. obsecues proposed or complete proposed work. If well inent to this work.)* | PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS ETER OPERATIONS (Clearly state all pertines directionally drilled, give subsurface locality states and pertines directionally drilled, give subsurface locality | (Note: Report resure Completion or Recorem details, and give portions details. | REPAIRING C. ALTERING C. ALTER | on Well | |
| of low oil - high were pulled and waterflooding the possibilities. | Shut-in January, 1970, in water production from the surface valve closed Grayburg Premier Zone Therefore it is planned within all Grayburg Zone | n the Premier Zone. ed. Presently our e, but upper Graybu d to temporarily ab | Tubing, rods, operations are rg sands exhibi andon this well | and pump focused on t waterflood | |
| | | ECEIVED | OCT26 | 971 | |
| | (| OCT 2 9 1971 | - 10-4€ <u>(</u> | William . | |
| | A s | n. P | | | |
| 18. I hereby certify that the for | carring to true and correct | District Engineer | DATE10-2 | 1-71 | |
| APPROVED TO APPROVE | tate office use) L. II ANY: | | DATE | | |
| OCT 27 1971 R. L. BEEKMAIN ACTING DISTRICT FMGINE | *See Instruction | ns on Reverse Side | | | |