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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

OCT 2 1980

O. C. D.
ARTESIA, OFFICEForm C-101
Revised 10-1-79

5a. Indicate Type of Lease

State ☒ Free ☐

5. State Oil & Gas Lease No.

648

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 "APPLICATION FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER - <u>WIW</u>	7. Unit Agreement Name <u>ST. 648 UNIT - ST</u>
2. Name of Operator <u>DEPCO, Inc.</u> ✓	8. Farm or Lease Name <u>State 648 Pl. 811</u>
3. Address of Operator <u>800 Central Odessa, Texas 79761</u>	9. Well No. <u>75</u>
4. Location of Well UNIT LETTER <u>H</u> <u>1850</u> FEET FROM THE <u>North</u> LINE AND <u>1135</u> FEET FROM THE <u>East</u> LINE, SECTION <u>10</u> TOWNSHIP <u>19s</u> RANGE <u>28e</u> N.M.P.M.	10. Field and Pool, or Wildcat <u>Artesia, O, GBR, SA.</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3499 GR</u>	12. County <u>Eddy</u>

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOBS ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

OTHER Bradenhead inspection ☒

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

This well has two strings of pipe, no bradenhead. Connections with valves were installed to surface from annulus.

Inspected by Mr. B.W. Weaver 8-20-80.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED R.L. Denney R.L. DenneyTITLE Chief clerkDATE 9-30-80APPROVED BY M. L. WilliamsTITLE OIL AND GAS INSPECTORDATE OCT 7 1980

CONDITIONS OF APPROVAL, IF ANY: