

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NM060-3160-4

clsf

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—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3a. Area Code & Phone No. (214) 528-5898		5. LEASE DESIGNATION AND SERIAL NO. NM-0144698	
2. NAME OF OPERATOR The Petroleum Corporation of Delaware		RECEIVED		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 3131 Turtle Creek Blvd, Ste. 400, Dallas, TX 75219-5415		JUN 7 '90		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit Letter K, 1869 FSL & 1878 FWL		OFFICE		8. FARM OR LEASE NAME Superior Federal	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, OR, etc.) Ground 3292 ft		9. WELL NO. 7	
				10. FIELD AND POOL, OR WILDCAT East Burton Flat	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5, T20S, R29E	
				12. COUNTY OR PARISH	
				13. STATE	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	FILL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) Revised as to cement data	

(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.)*

Ran open-end drill pipe to 3150 ft. Plugged from 3150-2930 ft with 50 sacks Class "G" cement (15.8#/G, 1.15 CF/sx). Laid down drill pipe. Released drilling rig 8:00 AM 4-8-90

Moved in W0 rig. Ran 2-3/8" tubing and tagged top of initial plug at 2951 ft. Plugged from 927' to 810' with 20 sxs Class "C" cement (14.8#/G, 1.32 CF/sx). Plugged from 462' to 350' with 20 sxs Class "C" cement (14.8#/G, 1.32 CF/sx). Plugged from 50' to surface with 20 sxs Class "C" cement (14.8#/G, 1.32 CF/sx). Cut off casing head and welded on dry hole marker. Well plugged and abandoned on April 11, 1990.

ACCEPTED FOR RECORD

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RECEIVED

RECEIVED
MAY 29 10 31 AM '90
CARL...
AREA...
ENGRS

RECEIVED

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

SIGNED <i>David J. ...</i>	TITLE District Operations Engineer	DATE May 23, 1990
(This space for Federal or State office use)		
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		