

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPL. (FE)
(Other instructions on reverse side)Form approved,
Budget Bureau No. 42-R1424.

1. LEASE DESIGNATION AND SERIAL NO.

NM 9978-A

2. LANDMAN, ALLOTTEE OR TRIBE NAME

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.)

RECEIVED

| | | | | |
|---|---|---|---|---|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | 2. NAME OF OPERATOR The Desana Corporation | 3. ADDRESS OF OPERATOR 610 Vaughn Building, Midland, Texas 79701 | 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FS & 1980' FE Lines, Sec. 30, T-23-S, R-23-E, Eddy County, New Mexico | 5. ELEVATIONS (Show whether DF, RT, GR, etc.) 4347 Gr. |
|---|---|---|---|---|

| | | | | | | |
|------------------------|--|------------------|---|---|-------------------------------------|--------------------|
| 6. UNIT AGREEMENT NAME | 7. FARM OR TRACT NAME Tin Henry Fed. Com. | 8. WELL NO. 1 | 9. FIELD AND POOL OR WILDCAT Wildcat | 10. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30, T-23-S, R-23-E | 11. COUNTY OR PARISH Eddy County | 12. STATE N. M. |
|------------------------|--|------------------|---|---|-------------------------------------|--------------------|

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

NOTICE OF INTENTION TO:

| | | | |
|---------------------|--------------------------|-------------------|-------------------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | ALTER CASING | <input checked="" type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | MULTIPLE COMPLETE | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | ABANDON* | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | CHANGE PLANS | <input type="checkbox"/> |
| (Other) | <input type="checkbox"/> | | <input type="checkbox"/> |

SUBSEQUENT REPORT OF:

| | | | |
|-----------------------|--------------------------|-----------------|--------------------------|
| WATER SHUT-OFF | <input type="checkbox"/> | REPAIRING WELL | <input type="checkbox"/> |
| FRACTURE TREATMENT | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| SHOOTING OR ACIDIZING | <input type="checkbox"/> | ABANDONMENT* | <input type="checkbox"/> |
| (Other) | <input type="checkbox"/> | | <input type="checkbox"/> |

(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.)*

This report being filed to alter only the Surface Casing Program proposed in our Application to Drill dated 1-22-74 and approved 1-30-74.

In Lieu of setting 12 3/4" Surface Casing @ 225', we propose to set 1 Jt. of 20" Conductor Pipe at 30' and 8 5/8" Casing @ 2500', circulating the 8 5/8" cement to surface.

This Alternate Program is contingent upon not encountering Lost Circulation from surface to 225'.

RECEIVED

FEB 20 1974

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED [Signature] TITLE Administrative Supervisor DATE February 19, 1974

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

*See Instructions on Reverse Side