

Form 9-331
(May 1963)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIP
(Other instructions
reverse side)TE
reForm approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-32636

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Amoco Federal

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Wildcat (Bone Springs)

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec 11, T-23-S, R-28-E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

1.

OIL ☐ GAS ☒ OTHER

2. NAME OF OPERATOR

Delta Drilling Company

3. ADDRESS OF OPERATOR

P. O. Box 3467, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

1980 FNL & 990 FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, etc.)

3004.8

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

Revise Permit Depth

(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.)*

Delta Drilling Company requests permission to revise the proposed casing and cementing program as follows:

Size of Hole	Size of Casing	Weight/Foot	Setting Depth	Cement
17-1/2"	13-3/8"	54.5	450	600
12-1/4"	7-5/8"	26.4	6310	3800
6-1/4"	Open Hole		9800	

Delta Drilling Company requests that the permit drilling depth be changed from 6500' to 9800'.

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

J. E. Brusenhan

TITLE Operations Manager

DATE 1-17-80

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: