

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLE
(Other instructions
reverse side)

E*
re-

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 32636

6. IF INDIAN, 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.)

1. OIL ☒ GAS ☐
WELL ☒ WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Delta Drilling Company

3. ADDRESS OF OPERATOR

P.O. Box 3467, Midland, Texas

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

RECEIVED
MAR 10 1980
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

1980/2 99/E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3004.5

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, T23-S, R 28-E

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

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) Spudding ☒

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 Rig 60 spudded 17-1/2" hole at 12:00 noon on 2/28/80.

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

SIGNED

J. A. Coon

TITLE

Division Production Manager

DATE 4/6/80

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: