

Form 9-331
(May 1965)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)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 complete a well or to plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐ **MAR 12 1980**

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 requirements.*
See also space 17 below.)
At surface

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3004.5

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

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

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input 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"/>	

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 checked="" type="checkbox"/> Setting 13 3/8" Casing	

(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.)*

Drilled 17-1/2" hole to 450' and set 445' of 13-3/8", 54.5#, K-55 casing.
Cemented casing with 600 sacks of Class "C" 2% Calcium Chloride. Circulated 50 sacks cement to surface. Plug was down at 10 a.m. on 2/29/80. Waited on cement 24 hours. Tested casing to 500 psi from 10:30 a.m. to 11:00 a.m. 3/1/80. Test ok. Drilled out cement plug at 1:15 p.m. 3/1/80.

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

SIGNED J. A. Coon
(This space for Federal or State office use)TITLE Division Production Manager DATE 4/6/80APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____