

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT 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

7. UNIT AGREEMENT NAME

8. PAEM OR LEASE NAME

AMOCO-FEDERAL

9. WELL NO.

3

10. WELL NO. AND TOOL, OR LOCAT

~~S. GINERLA WAT~~ (BONE SPRIN

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

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

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

1. OIL
WELL ☒ GAS
WELL ☐ 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, RT, GR, etc.)

3004.5

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FULL OR ALTER CASING ☐

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACURE TREAT ☐

MULTIPLE COMPLETE ☐

FRACURE TREATMENT ☐

ALTERING CASING ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) Run tubing - Rods

X

(Other)

(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 perti-
nent to this work.)*

TD 9692 PBTD 9692. 6-1/2 open hole from 6270' to 9692'. Ran 310 Jts of 2-3/8" tubing. Set Baker anchor-catcher @ 6200'. EOT @ 9625'. Seating nipple at 9554'. Ran 7000' of 3/4" sucker rods (280 rods), ran 2550 of 7/8" sucker rods (102 rods + pony rods). Installed American 228-D pumping unit. Layed gas line from separator to compressor.

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

SIGNED

TITLE Production Manager

DATE August 7, 1980

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: