

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.

0542015

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different depth.
Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		JUL 29 1981		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Delta Drilling Company		O.C.D.		7. UNIT AGREEMENT NAME South Culebra Bluff	
3. ADDRESS OF OPERATOR 3100-C North "A" Midland, Texas		ARTESIA, OFFICE		8. FARM OR LEASE NAME South Culebra Bluff Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1740' FEL and 660' FNL				9. WELL NO. 8 (7)	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2978.4 GR		10. FIELD AND POOL, OR WILDCAT South Culebra Bone Spring	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 14-23S-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 checked="" type="checkbox"/>

(Other) Change Well Name

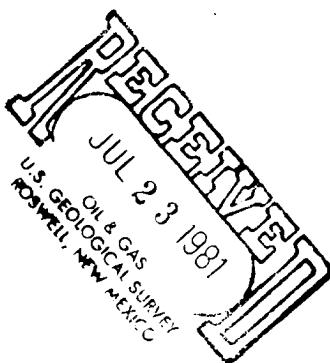
SUBSEQUENT REPORT OF:

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) (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.)*

Change of Well Name from South Culebra Bluff Unit No. 8 to South Culebra Bluff Unit #7, due to a change in the order of drilling. Also change proposed T.D. from 7200' to 7500' in the Bone Spring Formation.



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

SIGNED

TITLE Division Production Manager DATE 7-21-81

(This space for Federal or State use)

APPROVED BY Orig. Sgd.) ROGER A. CHAPMAN

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY

JUL 28 1981

for JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side