

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI  
(Other instructions  
verse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

9/5F

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.)

RECEIVED BY  
JUN 28 1984  
O. C. D.  
ARTESIA, OFFICE

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
WORTH PETROLEUM COMPANY

3. ADDRESS OF OPERATOR  
P. O. BOX 17406, FORT WORTH, TEXAS 76102

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
990' FNL AND 330' FEL OF SECTION 27

14. PERMIT NO. \_\_\_\_\_

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
2878.4GL 2886 KB

5. LEASE DESIGNATION AND SERIAL NO.  
NM-38636

6. IF INDIAN, ALLOTTEE OR TRIBE NAME \_\_\_\_\_

7. UNIT AGREEMENT NAME \_\_\_\_\_

8. FARM OR LEASE NAME  
AMOCO FEDERAL

9. WELL NO.  
5

10. FIELD AND POOL, OR WILDCAT  
BRUSHY DRAW DELAWARE

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
SEC. 27, T. 26 S., R. 29 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>SETTING AND CEMENTING CASING</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)\*

- 4-8-84: SPURRED WELL AT 6:00 AM.
- 4-8-84: RAN AND SET 8-5/8" 24# CASING IN 12-1/4" HOLE AT 512 FEET. CEMENTED WITH 300 SACKS OF CLASS "C" CEMENT WITH 2% CACL.
- 4-18-84; RAN AND SET 5-1/2" 15.5# K-55 LTC CASING IN 7-7/8" HOLE AT 5096 FEET. CEMENTED WITH 150 SACKS 50-50 POZ PLUS 200 SACKS CLASS "H" WITH 5% SALT.

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

SIGNED Arthur R. Brown TITLE Agent DATE 6-22-84

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL JUN 27 1984

NEW MEXICO

\*See Instructions on Reverse Side