

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI  
(Other instructio  
verse side)

DATE\*  
on re

Expires August 31, 1985

95F

5. LEASE DESIGNATION AND SERIAL NO.

NM 13997

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

EP-USA

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

Brushy Draw Delano

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

Sec. 26

T-26-S, R-29-E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

RECEIVED DUNDRY 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. MAR 13 1985

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

ARTESIA OFFICE

3. ADDRESS OF OPERATOR

P.O. Box 16 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 FSL & 1980' FWL

14. PERMIT NO.

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

2888.2 GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Spud & Surface Casing

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

(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.) \*

02-28-85 Spud 9:00 am 2-28-85.

03-01-85 Ran 11 jts. 13 3/8" 72# Britt casing. Set @ 425', cemented w/450 sx  
Class "C", 2% CaCl<sub>2</sub> & 1/4# floreal/sx. PD @ 7:30 pm on 2-28-85.  
Circulated 75 sx.

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

SIGNED

Kala D. Schmidt

TITLE

Agent

DATE

3-1-85

(This space for Federal or State office use)

APPROVED BY

ACCEPTED FOR RECORD

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAR 11 1985

\*See Instructions on Reverse Side