

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or completion or plug back to a different reservoir. Use Form 9-331-C for such proposals)

1. oil well gas well other

2. NAME OF OPERATOR
George H. Mitchell ✓

3. ADDRESS OF OPERATOR
Box 963, Kermit, Texas 79745

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 400' FNL 2310' FWL Sec. 34-26S-29E
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

RECEIVED BY
OCT - 6 1986
O. C. D.
ARTESIA, OFFICE

5. LEASE
LC 065928-A ✓

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Littlefield BO Federal

9. WELL NO.
4 ✓

10. FIELD OR WILDCAT NAME
Brushy Draw - Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 34-26S-29E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

14. API NO.
30-015-23622

15. ELEVATIONS (SHOW DF, KDB, AND WD)
2870, 262

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PLUG BACK ALTER CASING	<input checked="" type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other)	<input type="checkbox"/>		<input type="checkbox"/>

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

On our original application we stated our casing program as follows:

13 3/8"	48 lb.	Setting Depth 350'.	
8 3/4"		2850'.	Optional
5 1/2"	15.5 lb.	6000'.	

13 1/4 hole

" We request to change to:

- 9 5/8"	36 lb.
7	
4 1/2"	10.5 lb.

350' - Circulate to surface
 2850'
 6000' } Tie back to base of salt section.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Nancy King TITLE Agent DATE Sept. 30, 1986

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 10-2-86

CONDITIONS OF APPROVAL, IF ANY:

45F