

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
ALBUQUERQUE, NM 88210

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

e/sf

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED BY JAN 19 1987 O. C. D. ARTESIA, OFFICE
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 2282' FNL AND 990' FWL OF SECTION 27		
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2880' GL	

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. 10
10. FIELD AND POOL, OR WILDCAT UNDES. 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

18. 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) _____	
(Other) _____	CANCEL APD <input checked="" 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.)*

IT IS REQUESTED THAT THE APPLICATION FOR PERMIT TO DRILL THE ABOVE DESCRIBED WELL, APPROVED MARCH 3, 1986, BE CANCELLED. IT HAS BEEN DECIDED THAT THE WELL WILL NOT BE DRILLED AT THIS LOCATION.

Post IO-2
1-23-87
Exp. Int.

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

SIGNED Arthur R. Brown TITLE Agent DATE 1-13-87

(This space for Federal or State office use)

APPROVED BY Acting Area Manager TITLE _____ DATE 1-14-87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side