

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-025-29142

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
NM-V487

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" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

Delta US 8 State

1. Type of Well:
OIL WELL GAS WELL OTHER

2. Name of Operator
Kerr-McGee Corporation

8. Well No.

1

3. Address of Operator
P. O. Box 11050 Midland, Texas 79702

9. Pool name or Wildcat
Morton Wolfcamp

4. Well Location
Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line

Section 8 Township 15S Range 35E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

4035' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK PLUG AND ABANDON

REMEDIAL WORK ALTERING CASING

TEMPORARILY ABANDON CHANGE PLANS

COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT

PULL OR ALTER CASING

CASING TEST AND CEMENT JOB

OTHER:

OTHER:

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

9-25-89 Set 5 1/2" CIBP at 10,135'. Dumped 35' cement on top of CIBP. Circulated hole with 10# mud laden fluid.

9-26-89 Cut 5 1/2" casing at 7000'. TOH LD casing.

9-27-89 Spotted 70 sxs cement @ 7050'. WOC. Tagged at 6837'.
Spotted 70 sxs cement @ 4700'. WOC. Tagged at 4535'.

9-28-89 Spotted 40 sxs cement from 1880' to 1700'.
Spotted 10 sxs cement @ surface.
Installed dry hole marker.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Kelly Jamerson
TYPE OR PRINT NAME Kelly Jamerson

TITLE District Superintendent DATE 11-7-89
915/
TELEPHONE NO. 688-7000

(This space for State Use)

APPROVED BY Jack Griffin
CONDITIONS OF APPROVAL, IF ANY:

OIL & GAS INSPECTOR

TITLE DATE

MAR 13 1990