

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

SUBMIT IN TRIP
DATE
JAN

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

45F

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	5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR The Petroleum Corporation of Delaware ✓	OCT 18 1985	LC 071066
3. ADDRESS OF OPERATOR 3811 Turtle Creek Blvd. Suite 350 Dallas, Texas	75219-4419 C. D.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
4. LOCATION OF WELL (Report location clearly and in accordance with and State requirements. See also space 17 below.) At surface 560' FSL & 1980' FWL	UNIT LETTER "N" SE/4, SW/4	7. UNIT AGREEMENT NAME
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3019.4 Gr.	8. FARM OR LEASE NAME Brushy 12 Federal
		9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Brushy Draw Delaware
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T26S, R29E
		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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input checked="" type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(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.) *

On our form 1004-0136 filed 9-25-85, we recommended approval of the following casing and cementing program.

Casing size	#/ft.	Depth	Cement
13-3/8"	48	400	Circulate to surface
8-5/8"	24 & 32	3150	Cement back into the salt section
4-1/2"	10.5	5600	Cement back into 8-5/8"

We propose to change this program as shown below.

Casing size	#/ft.	Depth	Cement
8-5/8"	24	720	Circulate to surface
5-1/2"	15.5	5600	Cement from bottom back up to 4400'. Set DV Tool @ 3300'. Cement back into salt section.

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

SIGNED John Thomas

TITLE Manager of Operations

DATE October 1, 1985

(This space for Federal or State office use)

APPROVED BY Don Work
CONDITIONS OF APPROVAL, IF ANY:

TITLE Acting

DATE 10-15-85

*See Instructions on Reverse Side