

N. M. OIL CONS. CO. STATES  
P. O. DEPARTMENT OF THE INTERIOR  
HOBBS, NEW MEXICO 88240-9438  
GEOLOGICAL SURVEY

SPRINT IN TRIN ATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

N.M. 15902-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

# 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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Delta Drilling Company		8. FARM OR LEASE NAME Delta McGuffin Federal	
3. ADDRESS OF OPERATOR 3100 C North A Street Midland, Texas 79705		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  860' FSL 660' FWL		10. FIELD AND POOL, OR WILDCAT Wildcat Wolfcamp	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35 T9S R 32E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4298 GR	12. COUNTY OR PARISH Lea	13. STATE N.M.

## 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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

### 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) <input 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.)\*

1. Set CIBP at 8400' and cap with 50' cement.

2. Cut 5½" casing off at 4100' +.

3. Set 50 sack cement plug from 4150' - 4050'. - Tag

4. Set 50 sack cement plug from 3600' - 3500'. - Tag

5. Set 30 sack cement plug from 475' - 375'.

6. Set 20 sack cement plug at surface.

7. Set permanent well marker.

8. Clean up location.

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

SIGNED Kon Brown

TITLE Senior Engineer

DATE 3-8-84

(This space for Federal or State office use)

APPROVED BY R. Ritschke  
CONDITIONS OF APPROVAL, IF ANY:

TITLE Area Engr.

DATE 5-10-84

RECEIVED  
MAY 14 1984  
O.C.B.  
HOBBY OFFICE