Form	
(May	1963

16.

UNIT D STATES SUBMIT IN TRIPL* (Other instructions verse side) UNITED STATES **GEOLOGICAL SURVEY**

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Form approved. Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0559815 A

SUNDRY NOT (Do not use this form for propos Use "APPLICA"	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
OIL GAS WELL OTHER	Dry	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR		8. FARM OR LEASE NAME
Delaware-Apache Corpo	Koch Federal	
3. ADDRESS OF OPERATOR 1720 Wilco Bldg.	Midland, Texas 79701	9. WELL NO.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		10. FIELD AND POOL, OR WILDCAT Bluitt San Andres
660' FN & 535' FWL		11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA
		21-8S-38E
14. PERMIT NO.	15. ELEVATIONS (Show whether DV, RT, QR, etc.) Gr 3996 1	12. COUNTY OR PARISH 18. STATE ROOSEVELT N. Mex.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data :

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:		
TEST WATER SHUT-OFF FRACTURE TREAT		PULL OR ALTER CASING MULTIPLE COMPLETE			WATER SHUT-OFF REPAIRING WELL FRACTURE TREATMENT ALTERING CASING
SHOOT OR ACIDIZE		ABANDON*	$\mathbf{x}\mathbf{x}$		SHOOTING OR ACIDIZING ABANDONMENT
REPAIR WELL		CHANGE PLANS			(Other)
(Other)					(Norg: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

(Other)

(Norm: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OFFRATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any personal volume of the date of the

Set 25 sx @ 400' (50' below sur	rface csg)		
10 sx @ top w/marker for dry h	ole		60000000000000000000000000000000000000
ANGERSALT:			Charles on the control of the contro
Place additional 25 sack car in stub of 45" casing if his			rong cold to the real trend tr
			0.000 (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
·	•		To your Country of the country of th
8. I hereby certify that the foregoing in true and correct			
SIGNED Connie Surliand	TITLE P	roduction Clerk_	DATE -4-13-71 -
(This space for Federal or State office use)		= SODOV	
APPROVED BY	TITLE	APPLAMENDE	
CONDITIONS OF APPROVAL, IF ANY:	******	APR 15 191	
•		ARTHUR R. BKC	WM
			ICLIV . i

*See Instructions on Reverse SignaTRICT ENGINE

PRICEIVED

APR 2 1971

OIL CONSERMATION COMM. HOBUS, A. M.