

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLI
(Other instructions on
reverse side)Form approved.
Budget Bureau No. 42-R1424.

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 0555296	
2. NAME OF OPERATOR DEPCO, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 800 Central, Odessa, Texas 79761		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1 - 660 FEL & 1980 FSL, Sec. 21, T-18-S, R-32-E		8. FARM OR LEASE NAME Linam Federal	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3760 GR		10. FIELD AND POOL, OR WILDCAT Morrow	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21, 18 S, 32 E	
		12. COUNTY OR PARISH Lea	
		13. STATE New Mexico	

16. 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"/>
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 type="checkbox"/>
(Other) <input type="checkbox"/>	

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 checked="" 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.)*

We plan to plug the well as follows:

Set plugs @ 12,244'	25 SXS
11,927'	25 SXS
10,887'	50 SXS
8,000'	25 SXS
6,000'	30 SXS
800'	25 SXS
surface	10 SXS w/dry hole marker

Ando Lopez was called 4-12-82 to obtain the plugging information. The plugs @ 6000' & 8000' are additions to that information. Jim Graham was called to witness the setting of the plugs.

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

SIGNED R. L. Denney R. L. Denney TITLE Chief Prod. Clerk DATE 4-14-82

(This space for Federal or State office use)

APPROVED PETER W. CHESTER
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

FEB 8 1983

FOR

JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side

RECEIVED
FEB 9 1988
O.C.D.
HOBBS OFFICE