

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVED
OFFICE FOR N/A
OF COPIES REQUIRED
(Other instructions on reverse side)

BLM Roswell District
Modified Form No.
NMD60-3160-4

C/SF

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"/>	3. Area Code & Phone No. (505) 748-2093	5. LEASE DESIGNATION AND SERIAL NO. LC 056616 B
2. NAME OF OPERATOR Premier Production Co.	RECEIVED JUN 19 '90	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 1246, Artesia, NM 88210	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Gissler "A"
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1330' FNL 2310' FWL; Unit F	9. WELL NO. 3	10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson (SR, Q, GB, SA)
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3666' DF	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 23 T-17S R-30E
		12. COUNTY OR PARISH Eddy
		13. STATE NM

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 type="checkbox"/>

(Other) Report & Test

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.)

Test Well Casing:

10/29/76 Halliburton cement retainer set @ 2140'; pump 300 sax Class C cement. Top of cement @ 2066' - 3 Bbls (74') of cement on top retainer.

5/1/90 Request to keep well in temporary abandoned status while awaiting better economic conditions for producing Fren Seven Rivers zone. Propose to fill 7" casing w/packer fluid & pressure up to 300lbs to test 7" casing.

ACCEPTED FOR RECORD

CARLSBAD, NEW MEXICO

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

SIGNED

TITLE owner/operator

DATE 5/1/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side