

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIF  
(Other instruction  
verse side)

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Form approved.  
Budget Bureau  
Expires August 31, 1985

RECEIVED  
NOV 28 1989

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 0467930	
2. NAME OF OPERATOR Larry Jones dba Premier Production Co. & David E. Barrett		6. IF INDIAN, ALLOTTEE NAME O. C. D.	
3. ADDRESS OF OPERATOR P.O. Box 1246, Artesia, NM 88210		7. UNIT AGREEMENT NAME ARTESIA, OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit C: 990' FNL & 2310' FWL; Sec 22		8. FARM OR LEASE NAME Dale H. Parke "A" Tr. 1	
14. PERMIT NO.		9. WELL NO. 9	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3575 GR		10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson (SR-Q-G-SA)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 22 T-17-S R-30-E	
		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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON\*

SHOOTING OR ACIDIZING

ABANDONMENT\*

REPAIR WELL

CHANGE PLANS

(Other) Change of Operator

(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.)\*

Previous Owner & Operator: Southland Royalty Co.  
Effective Date of Change: 7/1/89  
State Wide Federal Lease Bond #A-R-71409-36  
w/American Employers Insurance Co.

RECEIVED

Nov 7 1989 AM '89

ACCEPTED FOR RECORD

AUG 9 1989

CARLSBAD, NEW MEXICO

RECEIVED

AUG 23 11 10 AM '89

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side