

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NM60-3160-4

c/SF

RECEIVED

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 GAS WELL OTHER

2. NAME OF OPERATOR: Fred Pool Drilling, Inc.

3. ADDRESS OF OPERATOR: P.O. Box 1393, Roswell, N.M. 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface: 660' FWL 810 FSL

14. PERMIT NO: 30-015-26403

15. ELEVATIONS (Show whether OF, RT, OR, etc.): 3321' Gr

5. LEASE DESIGNATION AND SERIAL NO.: NM 58815

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME: Ronadero Federal

9. WELL NO.: 4

10. FIELD AND POOL, OR WILDCAT: Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA: Sec. 31, T19S, R30E

12. COUNTY OR PARISH: Eddy

13. STATE: N.M.

JUL 13 10 33 AM '90

CARLSBAD OFFICE
AREA: 30-015-26403
30-015-26403

RECEIVED

JUL 18 '90

C. S. D.
ARTESIA, OFFICE

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"/>	FULL OR ALTER CASING	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>	(Other)	<input type="checkbox"/>		
(Other)	<input type="checkbox"/>						

(NOTE: Report results of multiple completion on Well Completion or Recombination 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.)*

July 8, 1990: Ran 3237' 7", 23#, ST&C casing. Cemented with 930 sx 35/65 POZ "C" cement. P.O.B at 7:15 p.m. Cement did not circulate, Temperature survey showed TOC at 1600'.

July 9 : Tagged top of cement at 1610' with 1" tubing. Cemented as follows:
 Stage #1: tag at 1610', spotted 85 sx.
 Stage #2: tag at 1610, spotted 100 sx.
 Stage #3: tag at 1595', spotted 50 sx.
 Stage #4: tag at 1461, spotted 50 sx.
 Stage #5: tag at 1322', spotted 125 sx
 Stage #6: tag at 979 ft. spotted 170 sx, circulated top of cement at 459'.

WOC 18 hrs. TESTED BOP and casing to 1000 PSI, Cement held.
ACCEPTED FOR RECORD
Abe

JUL 10 1990

CARLSBAD, NEW MEXICO

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

SIGNED: Peter Pool TITLE: Vice President DATE: 7-10-90

(This space for Federal or State office use)

APPROVED BY: _____ TITLE: _____ DATE: _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side