

District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO.

30-005-60520

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

K-2114

7. Lease Name or Unit Agreement Name

LER 16

8. Well Number

9

9. OGRID Number

185217

10. Pool name or Wildcat  
Chisum, SA, East

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" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

Oil Well ☒ Gas Well ☐ Other

RECEIVED

2. Name of Operator

Fred F. Pool, III

FEB 23 2005

3. Address of Operator

P.O. Box 132, Roswell, NM 88202

COPIES

4. Well Location

Unit Letter K 2200 feet from the S line and 1650 feet from the W line  
Section 16 Township 11S Range 28E NMPM Chaves County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3676 GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Casing Integrity Test ☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1/14/05 - Danny's Hot Oil Service loaded casing and tested to 500+ psi for 33 minutes with no pressure drop.

T.A. status is hereby requested. Pressure chart enclosed.

Temporary Abandoned Status approved  
with 1-14-06

Did Not Contact OED Prior to test

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

*[Signature]*

TITLE Operator

DATE 1/28/05

Type or print name Fred F. Pool, III

E-mail address: spool@dfn.com

Telephone No. 623-4667

(This space for State use)

APPROVED BY

*[Signature]*

TITLE

*[Signature]*

DATE

FEB 25 2005

Conditions of approval, if any:

