

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL CONS. COMMISSION

Drawer DD
Artesia, NM 88210
SUBMIT IN TRIP DATE
The instructions are on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
Fee & Fed. #12441
SRM 1539
6. INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back into a closed reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

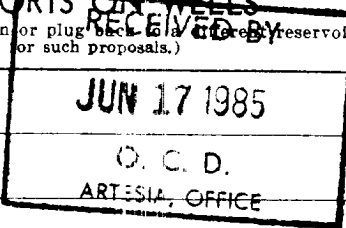
1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
Fred Pool Drilling, Inc.

3. ADDRESS OF OPERATOR
P. O. Box 1393, Roswell, New Mexico 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

Unit Letter N 1980 FWL 660 FSL



7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Corn 24

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 24 - 5S - 24E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR etc.)

3915

12. COUNTY OR PARISH

Chaves

13. STATE

NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

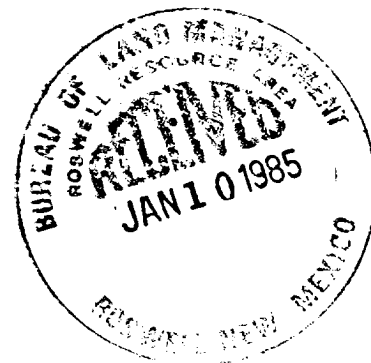
(Other) Operator name change

(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.)*

Effective 1-1-85

Change name of operator: Fred Pool Drilling, Inc.



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

SIGNED

TITLE President

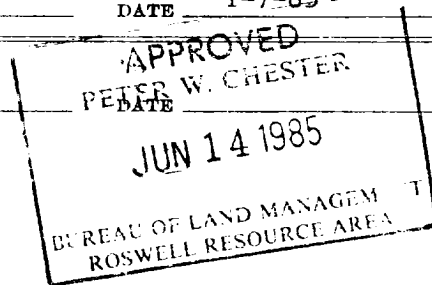
DATE 1-7-85

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side