

N.M.O.C.D. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPI
(Other Instructions
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Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

N.M. 11795
6. IF 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 to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR <u>Fred Pool Drilling Co.</u></p> <p>3. ADDRESS OF OPERATOR <u>437 White Bldg. Roswell, N.M. 88201</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>1980 FSL ; 1980 FEL of Sec. 13-6S- 24E</u> <u>Chaves County, N.M.</u></p> <p>14. PERMIT NO. <u>194</u></p>	<p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <u>Grynberg Comm Federal</u></p> <p>9. WELL NO. <u>1</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>Wildcat</u></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>13-6S-24E</u></p> <p>12. COUNTY OR PARISH <u>Chaves</u></p> <p>13. STATE <u>N.M.</u></p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3898. GL</u></p>	

16. 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"/>	PULL 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) <u>intermediate casing 8 5/8</u>	

(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.)*

June 8, 1980

RECEIVED

Set 1149 Ft. new 24# 8 5/8 casing. Cemented with 550 sx cement:
(450 Halliburton lite, 100 sx Class C). Cement circulated. Plug
down at 9: a.m.

JUL 15 1980

O. C. D.
ARTESIA, OFFICE

W O C 24hrs. Tested B I O P and casing to 500# for 30 minutes.
No pressure drop.

Started drilling at 2 p.m. July 9, 1980

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

SIGNED <u>[Signature]</u>	TITLE <u>Secretary</u>	DATE <u>7-11, 1980</u>
(This space for Federal or State office use)		
APPROVED BY <u>[Signature]</u>	TITLE <u>ACTING DISTRICT ENGINEER</u>	DATE <u>7-11-1980</u>
CONDITIONS OF APPROVAL, IF ANY:		