

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form approved.
Budget Bureau No. 42-R1424

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug wells 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"/>		RECEIVED BY SEP 06 1983 O. C. D. ARTESIA, OFFICE	
2. NAME OF OPERATOR Pearson-Sibert Oil Co. of Texas		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 901 W. Missouri Ave., Midland, Texas		8. FARM OR LEASE NAME Robert Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FNL & 660' FWL Section 26, T-5-S, R-28-E		9. WELL NO. 1	
14. PERMIT NO. Permit dated 8-11-83		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4223' GR	
10. FIELD AND POOL, OR WILDCAT Wildcat		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 26, T-5-S, R-28-E	
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:		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>Drilling Operations</u>	<input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>		(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.)*

Spud Date: 8-28-83 @ 4:30 a.m.

Set 13-3/8" surface casing at 514'/600 sx Class C cement, 2% calcium chloride, circulated to surface. P.D. @ 8:00 a.m. 8-29-83

8-29-83: WOC

RECEIVED
AUG 31 1 07 PM '83
BUREAU OF LAND MANAGEMENT
ROSWELL DISTRICT

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

SIGNED Martha Elden TITLE Agent DATE 8-29-83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

SEP 1 1983