

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
with instructions
on reverse side
DRAWER DD
Artesia, NM 88210

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR Pearson-Sibert Oil Co. of Texas ✓	3. ADDRESS OF OPERATOR 901 W. Missouri Ave., Midland, Texas 79701	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	5. LEASE DESIGNATION AND SERIAL NO. NM 18981	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Robert Federal	9. WELL NO. 1	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
14. PERMIT NO. Permit dated 8-11-83	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4223' GR											

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) <u>Drilling Operations</u>			<input checked="" 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.)*

9-1-83: Drilling @ 1609', Anhydrite

9-2-83: Drilling @ 1948', Anhydrite & Red Beds

RECEIVED
SEP 6 2 33 PM '83
BUREAU OF LAND MANAGEMENT
ROSWELL, NEW MEXICO

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

SIGNED Martha Elden

TITLE Agent

DATE 9-2-83

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD

SEP 7 1983

*See Instructions on Reverse Side

ROSWELL, NEW MEXICO