

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 4866
SANTA FE, NEW MEXICO 87501
SEP 21 1984
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-

SUNDRY NOTICES AND REPORTS ON WELLS

IF YOU 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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Fred Pool Operating Co.	8. Farm or Lease Name Eastland State
3. Address of Operator P.O. Box 1393, Roswell, N M 88201	9. Well No. 3
4. Location of Well UNIT LETTER J, 1650 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 13 TOWNSHIP 9S RANGE 26E NMPM.	10. Field and Pool, or Wildcat Eastland State
15. Elevation (Show whether DF, RT, GR, etc.) 3821 GL	12. County Chaves

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	TESTS AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any prop work) SEE RULE 1703.

September 7, 1984; commenced drilling operations. 1:45 p.m. 12 1/4" hole
September 8, 1984; Set 1024 ft. at 1034ft. ; 8 5/8 24# new casing, API.
Used 400 sx 2% CC, 1/4 # Flosele HL;
200 sx C1 C, 2% CC. Circulated 99 sx to pit.
Plug down at 2:32 p.m. Sept. 9, 1984.
Tested casing to 500#, tested 30 minutes, no pressure dr
WOC 24hrs.

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

SIGNED Fred Pool, Jr. TITLE President DATE 9-15-84

APPROVED BY Leslie A. Clements TITLE Supervisor District II DATE SEP 25 1984

CONDITIONS OF APPROVAL, IF ANY: