

UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

COMMISSIONER  
SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)  
Artesia, NM 88210

Form approved.  
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

NM - 05523

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED BY</b>   <b>NOV 27 1985</b>   <b>O. C. D.</b>  <b>ARTESIA OFFICE</b> </div>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Aceco Petroleum Company ✓			8. FARM OR LEASE NAME High Lonesome Penrose Uni
3. ADDRESS OF OPERATOR 2106 W. Richey, Artesia, N.M. 88210			9. WELL NO. #5
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FSL & 2310' of Sec. 15-T16S-R29E <i>FEL</i>			10. FIELD AND POOL, OR WILDCAT High Lonesome Queen
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3690'	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15-T16S-R29E
		12. COUNTY OR PARISH Eddy	13. STATE New Mexico

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 checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

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) <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.) \*

Plan to run 2 3/8" tubing and set packer to pressure up casing and test well on November 18, 1985. Plan to repair and test well to attempt to change to producing status. If well is evaluated as being capable of producing oil in commercial quantities, then the necessary equipment will be set and paper work will be completed. However, if well is evaluated as not being repairable, then well will be plugged according to regulations and a dry hole marker will then be set.

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

SIGNED *David Parit* TITLE Owner DATE 11-13-85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 11-26-85

CONDITIONS OF APPROVAL, IF ANY:

**Subject to  
Like Approval  
by State**

\*See Instructions on Reverse Side