

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL CONS. COM. DRAWER SUBMIT IN THE STATE OF NEW MEXICO
Other Instructions on reverse side

88210

455

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 a well or to backfill a different reservoir.
Use "APPLICATION FOR PERMIT TO DRILL" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM 9987
2. NAME OF OPERATOR Fred Pool Drilling, Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 1393 Roswell, N.M. 88201	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310 FSL 330 FWL Sec. 30-16S-29E NW/4 SW/4	8. FARM OR LEASE NAME Max Federal
14. PERMIT NO. 3001525412	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3704 Gr	10. FIELD AND POOL, OR WILDCAT East Red Lake - 4-G
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30-16S-29E
	12. COUNTY OR PARISH Eddy
	13. STATE NM

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)	<input type="checkbox"/>		<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) surface casing	<input checked="" type="checkbox"/>		<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.)*

- 9-25-85 Spudded 12 1/2" hole at 12:00 pm. APD added for 300'
Drilled to 393 ft., lost circulation at 260 ft. Ran 379 ft. of new 24# J55 8 5/8 casing, one centralizer, cement guide shoe, and baffel at one ft. off bottom. Cemented with 300 sx Class C cement, 2% CaCl. Plug down at 7 pm.
- 9-26-85 Ran temperature survey at 12:30 am. Top of cement at 240 ft. Ran 1" tubing to 240 ft. spotted 25 sx cement with 3% CaCl. Let set 2 hrs. tagged, no fill. Tagged cement at 240 ft. Mixed 50 sx cement with 4% CaCl, waited 3hrs. tagged, no fill.
- Spotted 1" tubing at 240 ft. pumped 25 sx cement with 4% CaCl slowly down tubing, poured approximately 1/4 to 2/3 yard of crushed 3/8" gravel while pumping cement. Waited 2 hrs.
- Ran 1" tubing back, tagged top of cement at 230 ft. and had 20 ft. fill. Filled with water through 1" tubing. Cemented with 150 sx Class C cement, circulated 20 sx to pit. After 30 minutes, cement had settled 10 ft. down hole and stayed.

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

SIGNED W O C TITLE President DATE 9-27-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

SEP 30 1985

*See Instructions on Reverse Side

CANISBAG, NEW MEXICO