13. Com UN. _D STATES SUBMIT IN TRIPI DEPARTMENT OF THE INTERIOR varse #36910

Form approved. Budget Bureau No. 42-R142 LE. 5. LEASE DESIGNATION AND SERIAL NO

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24.	-151
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SUNDRY	NOTICES	AND	REPORTS	ON	WELLS

NM 9987

SUNDRY (Do not use this form for Use "A	NOTICES AND REPORTS ON r proposals to drill or to deepen or plug back to APPLICATION FOR PERMIT—" for such proposal	a different reservoir.	W. W. INCIAN, ADDUCT	
OUL CAS WELL O	THER	LECEIVED BY	7. UNIT AGREEMENT	
2. NAME OF OPERATOR Fred Pool D	rilling, Inc.	MAY 11 1987	8. FARM OR LEASE N. Rax Feder	
3. ADDRESS OF OPERATOR		O. C. D.	9. VELL NO.	
4. LOCATION OF WELL (Report lo See also space 17 below.) At surface	3, Roswell, N.M. 88201 cation clearly and in accordance with any State	requirement	East Red L	
2310 FSL an	d 1076' FWL		11. SEC., T., R., M., OI SURVEY OR AR	BLK, AND
	•		Sec. 30-T	16S-R29E
14. PERMIT NO.	15, PLEVATIONS (Show whether be, RT, G	s, etc.)	12. COUNTY OR PARIS	SH 13. STATE
	3680' GR		Eddy	N.M.
1e. Ch	eck Appropriate Box To Indicate Natur	e of Notice, Report, or (Other Data	

NOT	CE OF INT	INTION TO:	SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACCIDE REPAIR WELL (Other)		PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON® CHANGE PLANS		water shut-off fracture treatment shooting or acidizing (Other) (Note: Report results of mu Completion or Recompletion		
(Other)			<u> </u>	Completion of terrorative con-		

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.)

Perforated 1836-1846' 14 shots. May 1,1987:

> Acidized with 1000 gallons 10% HCL acid. Fracced with 20,000 gallons 65% foam and 18,000# 16/30 sand; 6,000# 12/20 sand.

Shut well in for one hour and started flowing back to recover load.

ACCEPTED FOR RECORD

MAY 8 1987

CARLSBAD, NEW MEXICO



18.	I hereby certify that the foregoing is true and correct SIGNED South free	TITLE _	Vice	President	DATE 5-5-87	
	(This space for Federal or State office use)					
	APPROVED BYCONDITIONS OF APPROVAL. IF ANY:	TITLE _			DATE	