

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI
(Other instruction
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Budget Bureau No. 1004-0135
Expires August 31, 1985

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 ☐ GAS WELL ☐ OTHER Water Injection - TA
2. NAME OF OPERATOR Larry Jones dba
Premier Production Co. & David E. Barrett
3. ADDRESS OF OPERATOR
P.O. Box 1246, Artesia, NM 88210
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
Unit M: 330' FSL & 330' FWL; Sec 15

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3673 GR

5. LEASE DESIGNATION RECEIVED
NM-0384575

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
NOV 28 '89

7. UNIT AGREEMENT NAME
O. C. D.
ARTESIA OFFICE

8. FARM OR LEASE NAME
Dale H. Parke "B" Tr.B

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Grayburg-Jackson
(SR, O, G, SA)

11. SEC., T., E., M., OR BLK. AND
SURVEY OR ARMA

Sec 15 %-17-S R-30-E

12. COUNTY OR PARISH
Eddy
13. STATE
NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) Change of Operator ☒
REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(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 perti-
nent to this work.) *

Previous Owner & Operator: Southland Royalty Co.
Effective Date of Change: 7/1/89
State Wide Federal Lease Bond #A-R-71409-36
w/American Employers Insurance Co.

RECEIVED

Nov 7 10 47 AM '89

ACCEPTED FOR RECORD
AUG 29 1989
CARLSBAD, NEW MEXICO

RECEIVED

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side