

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on
reverse side)

Budget Bureau No. 1004-0155
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

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 I: 1650' FSL & 330' FEL; Sec 15

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3495' GR

5. LEASE DESIGNATION AND SERIAL NO.
LC-029020-D

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NOV 28 '89

7. UNIT AGREEMENT NAME
O. C. D.

8. FARM OR LEASE NAME ARTESIA, OFFICE
Dale H. Parke "D"

9. WELL NO.
1

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

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec 15 T-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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other) Change of Operator

(Other)

(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.)*

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 11 51 AM '89

ACCEPTED FOR RECORD
NOV 13 1989
CARLSBAD, NEW MEXICO

RECEIVED

NOV 21 11 21 AM '89

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