

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instruction on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

RECEIVED

NM-467933

8. 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.C

9. WELL NO.

4

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

13. STATE

Eddy

NM

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 Well
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 H: 2310 FNL & 330' FEL; Sec 15

14. PERMIT NO.

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

3520' GR

16. 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) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

Change of Operator ☒

(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 10 43 AM '89

ACCEPTED FOR RECORD

AUG 28 1989

CARLSBAD, NEW MEXICO

RECEIVED

AUG 23 11 17 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