| Form 3160-5<br>(November 1983)<br>(Formerly 9-331)  UNTED STATES DEPARTME OF THE INTERIC  |   | Form approved.  Budget Bureau No. 1004-0135 Expires August 31, 1985  5. LEASE DESIGNATION TWO HMED NO  NM 0467930  |
|---|---|--|
| SUNDRY NOTICES AND REPORTS C<br>(Do not use this form for proposals to drill or to deepen or plug ba<br>Use "APPLICATION FOR PERMIT—" for such pro  | ON WELLS  ck to a different reservoir.  oposals.)   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME NOV 28'89   |
| OIL CAS WELL OTHER  2. NAME OF OPERATOR Larry Jones dba Premier Production Co. & David E  |   | 7. UNIT AGREEMENT NAME C. D.  ARTESIA, OFFICE  8. FARM OR LEASE NAME  Dale H. Parke "A" Tr.1   |
| 3. ADDRESS OF OPERATOR  P.O. Box 1246, Artesia, NM 88210  4. LOCATION OF WELL (Report location clearly and in accordance with any S See also space 17 below.)  At surface  Unit L: 2100' FSL & 900' FWL; Se   | )<br>State requirements.*   | 9. WELL NO. 10 10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson (SR-Q-G-SA) 11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA  |
| 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, 3687   GR   | RT, GK, etc.)   | Sec 22 T-17-S R-30-E  12. COUNTY OR PARISH 13. STATE  Eddy NM  |
| NOTICE OF INTENTION TO:  TEST WATER SHUT-OFF PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON*  REPAIR WELL CHANGE PLANS  (Other)  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent proposed work. If well is directionally drilled, give subsurface location nent to this work.)*  Previous Owner & Operator: Sout Effective Date of Change: 7/1/8 State Wide Federal Lease Bond #A W/American Employers Insurance | WATER SHUT-OFF  FRACTUBE TREATMENT SHOOTING OR ACIDIZING (Other) (Note: Report results Completion or Recomple details, and give pertinent dates, ons and measured and true vertica chland Royalty co. | BEFAIRING WELL  ALTERING CASING  ABANDONMENT*  Of Operator  of multiple completion on Well  etion Report and Log form.)  |
| RECEIVED NOV 7 10 45 LH '69   | ACCEPTED FOR<br>AUG VS<br>CARLSBAD, NEV   | RECEIVED  RECEIVED  RECORD  RE |
| 18. I hereby certify that the foregoing is true and correct  SIGNED TITLE  (This space for Federal of State office use)   | Petator   | DATE 8-15-89   |
| APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:   |   | DATE   |