

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR
(Other Instructi
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM 0467930

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NOV 28 1989

7. UNIT AGREEMENT NAME

ARTESIA, GR

8. FARM OR LEASE NAME

Dale H. Parke "A" Tr. 1

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Grayburg-Jackson
(SR, O, SA)

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec 22 T-17-S R-30-E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

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 A: 330' FNL & 990' FEL; Sec 22

14. PERMIT NO.

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

3450' 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

68, 117 24 01 7 NOV

ACCEPTED FOR FILING

RECEIVED

EXPIRATION DATE

RECEIVED

68, 117 24 01 7 NOV

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