

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP DATE  
(Other instruction  
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.  
**44-056616-B** RECEIVED  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 C: 430' FNL & 1720' FWL, Sec 23**

14. PERMIT NO.  
15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**3440' GR**

7. UNIT AGREEMENT NAME **NOV 28 '89**

8. FARM OR LEASE NAME **C. C. D.  
Gissler "A" ARTESIA, OFFICE**

9. WELL NO.  
**1**

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

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA  
**SEC 23 T-17-S R-30-E**

12. COUNTY OR PARISH **Eddy** 13. STATE **NM**

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 ☐

REPAIRING WELL ☐  
ALTERING CASING ☐  
ABANDONMENT\* ☐

(Other) **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: 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 1 10 41 AM '89

ACCEPTED FOR RECORD

AUG 9 1989

CARISBAD, NEW MEXICO

RECEIVED

AUG 20 11 10 AM '89

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

SIGNED **Larry Jones**  
(This space for Federal or State office use)

TITLE **operator**

DATE **8/15/89**

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side