Form 3160–5
(November 1983)
(Formerly 9–331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other Instructions on reverse side)

Form approved.
Budget Bureau No. 1004–0135
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.)

5. LEASE DESIGNATION AND SERIAL NO.
LC-056616-B   RECEIVED

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NOV 28 '89

1.
OIL WELL [X]   GAS WELL [ ]   OTHER   Temporarily Abandoned

7. UNIT AGREEMENT NAME
O. C. D.

2. NAME OF OPERATOR   Larry Jones dba
Premier Production Co. & David E. Barrett

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

3. ADDRESS OF OPERATOR
P.O. Box 1246, Artesia, NM 88210

9. WELL NO.
4

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
Unit F: 1980' FNL & 1980' FWL; Sec 23

10. FIELD AND POOL, OR WILDCAT
Fren (SR)

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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
1946' GR

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 [ ]
(Other) Change of Operator

REPAIRING WELL [ ]
ALTERING CASING [ ]
ABANDONMENT* [X]

(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: Southaldn Royalty Co.
Effective Date of Change: 7/1/89
State Wide Federal Lese Bond #A R 71409-36
w/American Employers Insurance Co.

ACCEPTED FOR RECORD
AUG 1989
CARLSBAD, NEW MEXICO

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

SIGNED _____   TITLE   Operator   DATE   8-15-89

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side