

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instruction
verse side)

Budget Bureau No. 1004-0135
Expires August 1989
RECEIVED

5. LEASE DESIGNATION AND SERIAL NO.

LC-029020-C

6. IF INDIAN, ALLOTTEE OR TRUST LAND

NOV 28 89

7. UNIT AGREEMENT NAME O. C. D.
ARTESIA, OFFICE

8. FARM OR LEASE NAME
Dale H. Parke "C"

9. WELL NO.
2Y

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

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec 23T-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 ☐
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 D: 440 FNL & 880' FWL; Sec 23

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3438' 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 30 AM '89

RECEIVED

NOV 15 1989

CARLSBAD, NEW MEXICO

RECEIVED

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

SIGNED

Larry Jones

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