

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructor to re-
verse side)

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

5. LEASE DESIGNATION AND NUMBER
NM-467933

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
NOV 28 '89

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

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

9. WELL NO.
5

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

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec 15 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 B: 660 FNL & 1980' FEL; Sec 15

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3455' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Change of Operator</u>	<input checked="" type="checkbox"/>

(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 43 AM '89
CADD
ARTESIA

ACCEPTED FOR RECORD
AUG 29 1989
CARLSBAD, NEW MEXICO

RECEIVED
AUG 29 11 17 AM '89
ARTESIA

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