

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instruction
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

O. C. D.

8. FARM OR LEASE NAME ARTESIA, OFFICE

Dale H. Parke "B" Tr.C

9. WELL NO.

8

10. FIELD AND POOL OR WILDCAT
Grayburg-Jackson
(SR, Q, 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 H: 1650' FNL & 990' FEL; Sec 15

14. PERMIT NO.

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

3150' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

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 & 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 49 AM '89

CARLSBAD AREA

ACCEPTED FOR RECORD

AUG 28 1989

CARLSBAD, NEW MEXICO

Aug 28 11 13 AM '89

RECEIVED

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