

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on
reverse side)

Expires August 31, 1989
5. LEASE DESIGNATION AND SERIAL NO.

LC-029020-C

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NOV 28 '89

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 P: 990' FSL & 990' FEL; Sec 15
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3550' GR

7. UNIT AGREEMENT NAME O. C. D.
ARTESIA, OFFICE
8. FARM OR LEASE NAME
Dale H. Parke "C"
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 15 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 ☐
(Other) Change of Operator ☒
REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(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
ARTESIA

ACCEPTED FOR RECORD

NOV 16 1989

CARLSBAD, NEW MEXICO

Nov 20 11 12 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