

BUREAU OF LAND MANAGEMENT

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-029020-A
2. NAME OF OPERATOR Larry Jones dba Premier Production Co. & David E. Barrett		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NOV 28 '89
3. ADDRESS OF OPERATOR P.O. Box 1246, Artesia, NM 88210		7. UNIT AGREEMENT NAME O. C. D.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit N: 990' FSL & 1650' FWL; Sec 15		8. FARM OR LEASE NAME, OFFICE Dale H. Parke "A" Tr.2
14. PERMIT NO.		9. WELL NO. 14
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3580' GR		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

18. 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 47 AM '89

O&G
AREA

ACCEPTED FOR RECORD

NOV 15 1989

CARLSBAD, NEW MEXICO

O&G
AREA

Nov 28 11 15 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