

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

NM-14847

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"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Fred Pool Drilling, Inc.		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Box 1393, Roswell, N.M. 88201		8. FARM OR LEASE NAME Green Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1219' FWL 1700' FNL SE/4 NW/4		9. WELL NO. 1	
14. PERMIT NO. 30-015-25643		10. FIELD AND POOL, OR WILDCAT Vmd A I D - 4 - SR	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3696'		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19-T17S-R29E	
C. D. ARTESIA, OFFICE		12. COUNTY OR PARISH Eddy	
		13. STATE N.M.	

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 checked="" 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) <input type="checkbox"/>	
(Other) <input 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.) *

August 19, 1986: Perforated S.A. 3596'-3610' with 20 shots.
Acidized with 3000 gallons 20% HCL & 40 ball sealers.
Recovered 64 bbls load water, no show of oil.

August 20, 1986: Perforated Penrose 1862-1880' 1 shot/ft. 19 shots.
Frac with 500 gallons 15% acid, 40,000 gallons
gel 2% KCL water; 40,000# 20/40 sand and 20,000#
12/20 sand.

Put well on pump.

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

SIGNED Gene Pool

TITLE Vice President

DATE 8-21-86

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD

AUG 27 1986

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO

