

# ROSWELL DISTRICT

## UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

### 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.)

<p>1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR <b>Fred Pool Operating Company</b></p> <p>3. ADDRESS OF OPERATOR <b>Post Office Box 1393, Roswell, New Mexico 88201</b></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>330' FNL &amp; 2310' FEL Unit B, NW NE</b></p> <p>14. PERMIT NO.</p> <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3509 GR</b></p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <b>USA NM 34461</b></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <b>Arco Federal</b></p> <p>9. WELL NO. <b>#1</b></p> <p>10. FIELD AND POOL, OR WILDCAT <b>Loco Hills-ON/GRBG/SA</b></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec 21-T18S-R29E</b></p> <p>12. COUNTY OR PARISH 13. STATE <b>Eddy NM</b></p>
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### Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

<p>TEST WATER SHUT-OFF <input type="checkbox"/></p> <p>FRACTURE TREAT <input type="checkbox"/></p> <p>SHOOT OR ACIDIZE <input type="checkbox"/></p> <p>REPAIR WELL <input type="checkbox"/></p> <p>(Other) <input type="checkbox"/></p>	<p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>MULTIPLE COMPLETE <input type="checkbox"/></p> <p>ABANDON* <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p>
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SUBSEQUENT REPORT OF:

<p>WATER SHUT-OFF <input type="checkbox"/></p> <p>FRACTURE TREATMENT <input checked="" type="checkbox"/></p> <p>SHOOTING OR ACIDIZING <input checked="" type="checkbox"/></p> <p>(Other) <input type="checkbox"/></p>	<p>REPAIRING WELL <input type="checkbox"/></p> <p>ALTERING CASING <input type="checkbox"/></p> <p>ABANDONMENT* <input type="checkbox"/></p>
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(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.) \*

11/09/83: Perforated 2248-2362, 15 shots. Acidized w/ 2000 gal 15% HCL. Swabbed dry w/ no shows.

11/11/83: Perforated 1817-52, 13 shots. Acidized w/ 2000 gal 15% HCL. Recovered load w/ no shows.

12/28/83: Fraced Metex (2650-96) w/ 20,000 gal gel & 33,000# 20/40 sand. Fraced Penrose (2254-2362) w/ 20,000 gal gel & 24,000# sand.

12/29/83: Fraced 7-Rivers (1816-1852) w/ 12,500 gal 14,000# sand.

12/30/83: Put well on pump to recover frac load (1250 bbl)

RECEIVED  
JAN 10 10 34 AM '84  
ROSWELL DISTRICT

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

SIGNED *[Signature]* TITLE Petroleum Engineer DATE 1/4/84

(This space for Federal or State office use)

APPROVED BY *[Signature]* TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL MAY 9 1984

*Carlsbad*, NEW MEXICO \*See Instructions on Reverse Side