

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

NM 42410

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

Fred Pool Drilling, Inc.

3. ADDRESS OF OPERATOR

P.O. Box 1393, Roswell, N.M. 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

330' FSL 2310' FEL SW/4SE/4

14. PERMIT NO. 15. ELEVATIONS (Show whether DE, FT, GR, etc.)

30-015-25202 3589' Gr

RECEIVED BY

JUN 05 1986

O. C. D.
ARTESIA, OFFICE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

White Oaks Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Artesia Oil Pool

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 12-18S-27E

12. COUNTY OR PARISH 13. STATE

Eddy N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Change name of well

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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.) *

6-2-86: The name of the above well will be changed to:
COMSTOCK FEDERAL NO. 5

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

SIGNED

Leuta Pool

TITLE Vice President

DATE 6-2-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

