

c/51

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MAY 2 1985

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 6252

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Chukka 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, T-18-S, R-27-E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

OIL WELL ☒ GAS WELL ☐ OTHER ☐

NM OIL CONS. COMMISSION
Drawer DD

Artesia, NM 88210

2. NAME OF OPERATOR

Fred Pool Drilling, Inc. ✓

3. ADDRESS OF OPERATOR

P. O. Box 1393, Roswell, NM 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

2310' FNL and 2310 FWL of section

Unit F

SE 1/4 NW 1/4

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3633 GR

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) completion

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

X

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.) *

Intend to start completion procedures by Monday May 6, 1985



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

SIGNED B. L. Pittman TITLE Production Superintendent DATE 4-30-85

(This space for Federal or State office use)

APPROVED BY Jack Morgan TITLE DATE 5-1-85

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side