

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

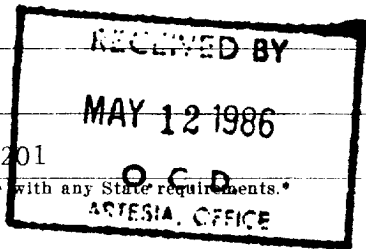
SUBMIT IN TRIPLICATE\*  
(Other instructions on re-consideration)  
Conservation Commission  
Drawer DD

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 42410	
2. NAME OF OPERATOR Fred Pool Drilling, Inc. ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1393, Roswell, N.M. 88201		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FSL & 990' FWL SW/4 SW/4		8. FARM OR LEASE NAME Comstock Federal	
		9. WELL NO. 3	
		10. FIELD AND POOL, OR WILDCAT Artesia Qn GB SA	
		11. SEC., T. R., M., OR BLK. AND SURVEY OR AREA Sec. 12-18S-27E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3574 GR	12. COUNTY OR PARISH Eddy	13. STATE NM



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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

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

Change from cable tool to Rotary. Attached is a new Sketch of Well Pad.

Also Change Proposed casing program as follows:

9 7/8" hole 7" casing 23# 300' setting depth cement sufficient to circulate  
6 1/4" hole 4 1/2" casing 9.5# 2500' setting depth 650 sacks cement



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

SIGNED

TITLE President

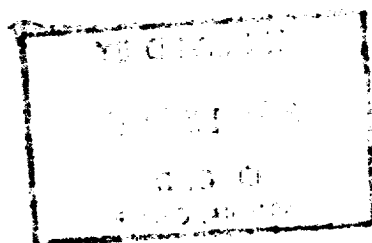
DATE 5-6-86

(This space for Federal or State office use)

APPROVED BY *R. C. Ritschke*  
CONDITIONS OF APPROVAL, IF ANY:

TITLE *Acting*

DATE 5-8-86



SKETCH OF WELL PAD  
FRED POOL DRILLING, INC.  
WELL #3 COMSTOCK FEDERAL  
SW $\frac{1}{4}$ SW $\frac{1}{4}$  SEC. 12-18S-27E  
EDDY COUNTY, NEW MEXICO

