

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPL
(Other instructions
verse side)E-
re-Form approved.
Budget Bureau No. 42-R1421

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 1650' FSL 990' FWL NW/4 SW/4		8. FARM OR LEASE NAME Comstock Federal	
		9. WELL NO. 8	
		10. FIELD AND POOL, OR WELDCAT Artesia On, GB SA	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T18S, R27E	
14. PERMIT NO. 30-015-25649	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3579' Gr	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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Surface casing

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.)*

10-13-86: TD 350ft. Set 350' new 8 5/8, 24# API casing.
Cemented with 300 sx Class "C", circulated
35 sx to surface. Plug down at 12:30 pm.

WOC 18hrs.

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

SIGNED

Denta Pool

TITLE

Vice President

DATE

10-14-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side