

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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clsf
NM Roswell District
Modified Form No.
NM60-3160-4

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different level.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐		O. C. D.	
2. NAME OF OPERATOR FRED POOL DRILLING, INC.		3. ARTESIA OFFICE Area Code & Phone No. 505-623-8202	
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 990' FSL & 1650' FWL			
14. PERMIT NO. 30-015-26017		15. ELEVATIONS (Show whether OF, RT, OR, etc.) 3590 GR	
5. LEASE DESIGNATION AND SERIAL NO. NM 42410		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME COMSTOCK FEDERAL	
9. WELL NO. #10		10. FIELD AND POOL, OR WILDCAT ARTESIA Q-GB-SA	
11. SEC., T., R., W., OR BLE. AND SURVEY OR AREA Sec. 12 - 18S - 27E		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

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANE

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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.)

01/26/90 We intend to change our proposed T.D. from 1650 feet to 2200 feet.

RECEIVED
JAN 28 9 27 AM '90

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side