

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0115
Expires August 31, 1985
c/sf

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 ☐		NM 01M 06814 Drawer DD Artesia, NM 88210	
2. NAME OF OPERATOR Herman J. Ledbetter		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Box 5879 Abilene, Texas 79608		8. FARM OR LEASE NAME Southern Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310 FSL & 2279 FWL		9. WELL NO. 4	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT N. Hackberry Yates, SR	
15. ELEVATIONS (Show whether SP, RT, OR, etc.)		11. SEC., T., S., W., OR BLK. AND SUBST. OR AREA 30-19S-31E	
		12. COUNTY OR PARISH Eddy	
		13. STATE New Mexico	

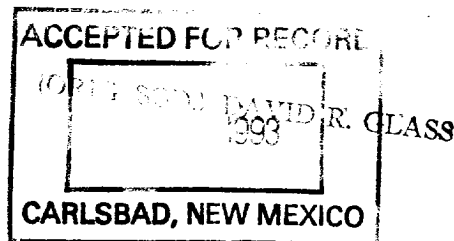
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETION ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANE ☐	(Other) ☐	

(Other) Put on production. ☒

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Identify 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.)

Put back on production.



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

SIGNED *Herman J. Ledbetter*

TITLE

DATE 11/22/93

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side