

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

NM 58815

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ronadero Federal

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Wildcat, Bone Springs

11. SEC., T., R., M., OR R.R. AND
SURVEY OR AREA

12. COUNTY OR PARISH 13. STATE

Eddy

N.M.

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.)

RECEIVED

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Fred Pool Drilling, Inc. ✓

SEP 13 '89

3. ADDRESS OF OPERATOR

P.O. Box 1393, Roswell, N.M. 88201 O. C. D.

4. LOCATION OF WELL. (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface1980' FSL. ⁶⁰⁰ ~~660~~ FWL

14. PERMIT NO.

30-015-26161

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

3328' 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)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Long string

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.)

August 26, 1989:

TD 5000 ft.

August 27, 1989:

Ran 5000 ft. of new 4½ 10.5# casing. Cemented with 200 sx
50/50 POZ. Plug down at 11:40 a.m.

Intend to perforate and acidize well.

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

SIGNED

David R. Glass

TITLE Vice President

DATE 8-28-89

(This space for Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: