

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE
(Other instructions on reverse side)

Form approved
Budget Bureau No. 42 R1421
LEASE DESIGNATION AND SERIAL NO.

NM 58815

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 ☐
2. NAME OF OPERATOR
Fred Pool Drilling, Inc.
3. ADDRESS OF OPERATOR
P.O. Box 1393, Roswell, N.M. 88201
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

RECEIVED

NOV 2- '89

O. C. D.
ARTESIA, OFFICE

7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Ronadero Federal
9. WELL NO.
2
10. FIELD AND POOL, OR SURVEY
Und. Trk Trk, SR-Q-G-SA
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 31-T19S-30E
12. COUNTY OR PARISH
Eddy
13. STATE
N.M.

1980' FSL & 1980' FWL

14. PERMIT NO.
15. ELEVATIONS (Show whether DE, RT, GR, etc.)
3321 Gr

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 PLANS	☒
(Other)	☐		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
(Other)	☐		

(Note: Report results of multiple completion or 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.) *

We intend to change our casing program as follows:

Run 7 5/8" casing, 26#, instead of 7", 23#
at 3200ft.

There will be no other changes to the proposed casing program.

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

SIGNED F. F. P. [Signature] TITLE Petroleum Engineer DATE 10-26-89

(This space for Federal or State office use)

One [Signature] [Signature]

APPROVED BY _____ TITLE PETROLEUM ENGINEER DATE 11-1-89
CONDITIONS OF APPROVAL, IF ANY:

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Oct 30 8 22 AM '89