

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVED
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on reverse side)

MM Roswell District
Modified Form No.
MD60-3160-4

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 ☐		3a. Area Code & Phone No. 505 623 8202	
2. NAME OF OPERATOR Fred Pool Drilling, Inc.		8. FARM OR LEASE NAME Ronaderal Federal	
3. ADDRESS OF OPERATOR P.O. Box 1393, Roswell, N.M. 88201		9. WELL NO. 4	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660 FWL and 810 FSL		10. FIELD AND POOL, OR WILDCAT Wildcat	
14. PERMIT NO. 30-015-26403		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T19S, R30E	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3321 Gr		12. COUNTY OR PARISH Eddy	
		18. STATE N.M.	

REC'D
JUL 18 '90
O. C. D.
ARTESIA, OFFICE

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 COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANE	☐	(Other) Set and cement casing	☐		
(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.)

June 31, 1990: Ran 1262' 11 3/4" ,42# new casing.
Cemented ;with 500 sx POZ lite and 250 sx
Class C, 2% CaCl. Circulated 149 sx to
surface. WOC 18 hrs. Tested casing to
600 PSI, held OK.

ACCEPTED FOR RECORD

CARLSBAD, NEW MEXICO

RECEIVED
JUL 13 10 33 AM '90
CARLSBAD AREA

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

SIGNED Penta Pool

TITLE Vice President

DATE 7-5-90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____