

RECEIVED
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O.C.D.

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

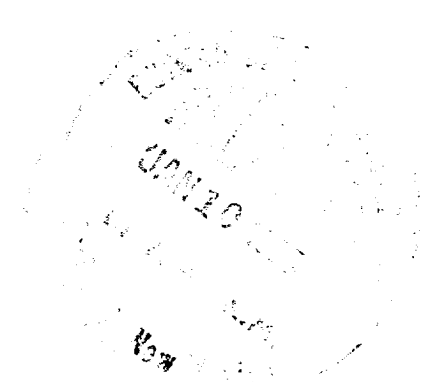
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.
NM-14768-B
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Wilderspin Federal
9. WELL NO.
2
10. FIELD AND POOL, OR WILDCAT
N.W. Fenton (Delaware)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 11, T-21S, R-27E
12. COUNTY OR PARISH
Eddy
13. STATE
New Mexico

1. ARTESIA, OFFICE
WELL ☒ GAS WELL ☐ OTHER
2. NAME OF OPERATOR
Gas Lift Sales & Service Inc. ✓
3. ADDRESS OF OPERATOR
2209 West Industrial, Midland, Texas 79701
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
Unit Letter A, 330'FNL & 330'FEL, Section 11, T-21S, R-27E
14. PERMIT NO.
15. ELEVATIONS (Show whether OF, RT, GR, etc.)
3228' KB

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
FRACTURE TREAT	☐	FRACTURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other) Install Artificial Lift	☐
(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.) *



On 12/10 /84 Installed pumping unit. Pump set at 2946'. Perforations at 2798' to 2822'.
On 12/13/84 pumping test 90BO 70 BW 110 MCF gas

I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE President DATE 1/9/1985
(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY
JAN 11 1985

*See Instructions on Reverse Side