

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
Artesia, NM 88210

5. LEASE DESIGNATION AND SERIAL NO.

NM 9987

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Max Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

East Red Lake - Q-G

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

Sec. 30-16S-29E

12. COUNTY OR PARISH | 13. STATE

Eddy

NM

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 applicable requirements. See also space 17 below.)
At surface

990 FNL 330 FWL

14. PERMIT NO.

30-015-15469

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

3665 Gr.

RECEIVED BY
JAN 24 1986
O. C. D.
ARTESIA, OFFICE

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)

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.)*

Jan. 9, 1986: Perforated from 1808 - 1814ft. one shot per ft, 7shots. Perforated at 1842, 46, 47, 52, 55, 56; 7 shots. Total of 14 shots.

Jan. 10, 1986: Fraced well with 40,000Gallons gel water and 38,000# 20/40 sand; 40,000# 12/20 sand. Average pressure: 2500 PSI, average rate; 30BPM. ISIP = 1280 PSI; 15 minute SIP = 1080 PSI. 982 bbls load to recover. Shut well in overnight.

Jan. 11, 1986: Put well on pump to test.

COPIED AND RECORDED
GWD
JAN 22 1986
CARLSBAD, NEW MEXICO

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

SIGNED [Signature]

TITLE Vice President

DATE 1-15-86

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: