

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
Artesia, NM 88210

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BUREAU OF LAND MANAGEMENT  
NM 18214

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.)

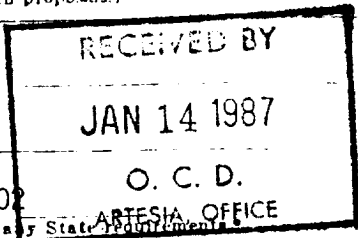
1. OIL WELL ☐ GAS WELL ☒ OTHER (Re-Entry) ☐

2. NAME OF OPERATOR  
Mayfair Minerals, Inc. ✓

3. ADDRESS OF OPERATOR  
P. O. Box 940, McAllen, TX 78502

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface  
NE/4 NW/4 Sec. 21, T-8-S, R-26-E, Chaves County, New Mex.  
660' FNL, 1980' FWL, Sec. 21, T-8-S, R-26-E.  
Approx. 18 miles NE of Roswell, New Mex.

14. PERMIT NO. \_\_\_\_\_ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3798 GR



7. UNIT AGREEMENT NAME  
DeKalb-Federal

8. FARM OR LEASE NAME  
#1

9. WELL NO.  
Abo Pecos Slope Wildcat

10. FIELD AND POOL, OR WILDCAT  
Sec. 21, T-8S, R-26E

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

12. COUNTY OR PARISH  
Chaves

13. STATE  
New Mex.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input checked="" type="checkbox"/>		

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.) \*

Request permission to commingle gas production

Attached is copy of plat showing physical hookup of sales meter, flowlines, well meters at wellhead.

Request permission to commingle gas production from #1 DeKalb-Federal and #1 Deb-State.



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

SIGNED James R. [Signature] TITLE Manager, Exploration Dept. DATE 12-19-86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

APPROVED  
DATE  
PETER W. CHESTER  
JAN 9 1987

\*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.