

NM Cons. Commission
Artesia, NM 88210

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLED
(Other Instructions
verse side)

Revised Bulletin N-1004
Issued August 11, 1985
LEASE REGISTRATION AND RENTAL
NM 18214
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 (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

RECEIVED BY
JAN 14 1987
O. C. D.
ARTESIA, OFFICE

7. UNIT AGREEMENT NAME
DeKalb-Federal

8. FARM OR LEASE NAME
#1

9. WELL NO.
Abo Pecos Slope

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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)

Approval for off-lease sales

The #1 DeKalb-Federal and #1 Deb-State wells have individual meters. Charts from each well go to Gas Measurement Company, McAllen, Texas for volume calculations from each well. Comparison is made with sales volume and each well adjusted on a volumetric basis.

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



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
PETER W. CHESTER
JAN 9 1987
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side