

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUNDRY NOTICES AND REPORTS ON WELLS

NM Oil Cons. Commission
Drawer DD
Artesia, NM 88210

NM 18214

DEC 24 1986
RECEIVED BY
JAN 11 1987
ROSWELL
ARTESIA, OFFICE

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. TACM 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 COMPLETE <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 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 and 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.)*

Clean-up of drilling pit area and location

We have instructed our pumper to handle the clean-up operation of this location.

We will notify you when this work has been completed.

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

SIGNED _____ TITLE Manager, Exploration Dept. DATE 12-19-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
PETER W. CHESTER
DATE
JAN 14 1987
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side