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U.S.G.B.	
LAND OFFICE	
OPERATOR	

DEC 20 1981

O. C. B.  
APPROVED

1a. Indicate type of lease  
State  Fee

1b. State O. & G. Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG SAFA TO A DIFFERENT RESERVOIR.  
USE APPLICATION FOR PERMIT - "I" (FORM C-101) FOR SUCH PROPOSALS.

1. Indicate type of well: OIL WELL  GAS WELL  OTHER

2. Name of Operator: FRED POOL OPERATING COMPANY

3. Address of Operator: Box 1300 Clovis Star Rt., Roswell, N.M. 88201

4. Location of Well: UNIT CENTER M 990 FEET FROM THE South LINE AND 990 FEET FROM

THE W LINE SECTION 32 TOWNSHIP 10s RANGE 28e N.M.P.M.

15. Elevation (Show whether DF, KT, CR, etc.): 3762. GL

7. Unit Agreement Name

8. Name of Lease Name: L.E. Minerals

9. Well No.: #1

10. Field and Pool, or Wildcat: Wildcat

12. County: Chaves

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER

PLUG AND ABANDON

CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOBS

OTHER

ALTERING CASING

PLUG AND ABANDONMENT

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

12-10-81

Plug # 1- Ran 35 sx plug, Class C at 2346-2246 ft.

Plug #2 Ran 35 sx plug, " at 1700 -1600 ft.

Plug # 3 Ran 35sx plug, " at 1300 -1200 ft.

Plug # 4 Ran 50 sx plug, " at 450 - 350 ft.

Plug # 5 Ran 50 sx plug, tagged at 460 ft.

Plug # 6 Ran 75 sx plug, tagged at 431 ft.

Plug # 7 Ran 50 sx plug, tagged at 425 ft.

Plug # 8 Ran 200 sx plug, tagged at 326 ft.

Ran 15 sx Class C cement in surface, total of 530 sx cement.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE Secretary DATE 12-15-81

APPROVED BY [Signature] TITLE OIL AND GAS INSPECTOR DATE JAN 20 1982

CONDITIONS OF APPROVAL, IF ANY: