

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO RECEIVED

Form C-103
Revised 10-1-77

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SANTA FE	1
FILE	1
U.S.O.S.	
LAND OFFICE	
OPERATOR	7

JUN 2 1981

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
K 2114

SUNDRY NOTICES AND REPORTS ON WELLS O. C. D.
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DEEPER WELL. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Fred Pool Drilling Co.	8. Farm or Lease Name Plains State
3. Address of Operator 1300 Clovis Star Rt. Roswell, N.M. 88201	9. Well No. 12
4. Location of Well UNIT LETTER H 1650 FEET FROM THE N LINE AND 330 FEET FROM THE E LINE, SECTION 16 TOWNSHIP 11S RANGE 28 E NMPM.	10. Field and Pool, or Wildcat E Chisum, S.A.
15. Elevation (Show whether DF, RT, GR, etc.) 3711. GL	12. County Chaves

16. 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 ☐
 OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
 COMMENCE DRILLING OPS. ☐
 CASING TEST AND CEMENT JOBS ☐
 OTHER ☐ Perforate and acidize

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.

May 26, 1981

Perforated from 2200-03; 2206-09; 2219-22; 2226-28; 2232-37;
 2240-46; 2250-54; 2262-66. Total of 38 shots,
 3/8 inch diameter.

Acidized with 6000 gallons 20% HCL.
 Swabbing back to test well.

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

SIGNED Berta Pool

TITLE Secretary

DATE 5-30-81

APPROVED BY W. A. Gressitt

TITLE SUPERVISOR, DISTRICT II

DATE JUN 03 1981

CONDITIONS OF APPROVAL, IF ANY: