

10-60-201
10-1-79

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
NM OIL CONS. COMMISSION
Drawers DD
Artesia, NM 88210

10-60-201
10-1-79
NM 17793

RECEIVED BY
FEB 22 1985
O. C. D.
ARTESIA OFFICE ☒ OTHER

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. NAME OF OPERATOR
PETROLEUM DEVELOPMENT CORPORATION ✓

2. ADDRESS OF OPERATOR
9720-B Candelaria N.E., Albuquerque, NM 87112

3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
1980' FSL, 660 FWL, Sec. 31, T 7 S, R 26 E

14. PERMIT NO.

15. ELEVATION (Show whether DF, RT, CR, etc.)
GL 3555'

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Crawford Fed. Com.

9. WELL NO.
#4

10. FIELD AND POOL, OR WILDCAT
Pecos Slope *Also*

11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA
Sec. 31, T 7 S, R 26 E

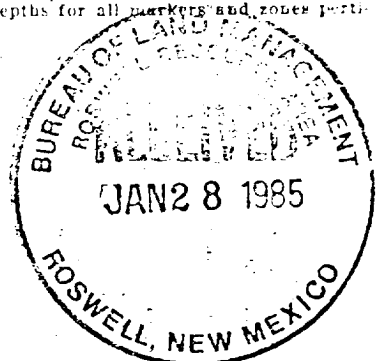
12. COUNTY OR PARISH 13. STATE
Chaves NM

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 type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>	<input checked="" 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.) *

CHANGE OF OPERATOR TO PETROLEUM DEVELOPMENT CORPORATION



Post ID-3
3-1-85
WJG:EP

18. I hereby certify that the foregoing is true and correct
SIGNED Jim C. Johnson TITLE Operations Manager DATE 10/2/84

(This space for Federal or State Office Use)

APPROVED BY PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

FEB 20 1985

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side