Form 9-331 (May 1963)	U DEPARTM	NITED STATE		OR Drawige DD	г. б у	SSION Form approve Budget Bureau 5. LEASE DESIGNATION	1 No. 42-R1424.	
		OLOGICAL SUP		Artesia, NM	88210	NM 1898	1	
		ES AND REP				6. IF INDIAN, ALLOTTEE	OR TRIBE NAME	
(Do not use this fo	orm for proposal Use "APPLICAT	s to drill or to deepe ION FOR PERMIT_"	n or plug b for such p	ack proceeding of the state of	ir.			
OIL GAS WELL OTHER				SEP 09 1983		7. UNIT AGREEMENT NA		
2. NAME OF OPERATOR Pearson-Sibert Oil Co. of Texas				O . C . D.		8. FARM OR LEASE NAM	Robert Federal	
3. ADDRESS OF OPERATOR				ARTESIA, OFFICE		9. WELL NO.		
901 W. Missouri Ave., Midland, Texa				s 79701		1	1	
4. LOCATION OF WELL (Report location clearly and in accordance with an						10. FIELD AND POOL, OR	10. FIELD AND POOL, OR WILDCAT	
See also space 17 below.) At surface						Wildcat		
2310' FNL & 660' FWL Section 26, T-5-				S−S, R−28−E		11. SEC., T., R., M., OR B SURVEY OR AREA	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
						Section 26, T	-5-S, R-28-E	
14. PERMIT NO. 15. ELEVATIONS (Show whether				DF, RT, GR, etc.)		12. COUNTY OR PARISH	13. STATE	
Permit dated 8	-11-83	4223' G	R			Chaves	NM	
16.	Check App	propriate Box To I	ndicate N	lature of Notice, Rep	ort, or	Other Data		
N	DTICE OF INTENT	ION TO:		1	SUBSE	QUENT REPORT OF:		
TEST WATER SHUT-OF	P PT	LL OR ALTER CASING		WATER SHUT-OFF		REPAIRING W	ELL	
FRACTURE TREAT	I	ULTIPLE COMPLETE		FRACTURE TREATM	ENT	ALTERING CA	SING	
SHOOT OR ACIDIZE		BANDON*		SHOOTING OR ACID		ABANDONMEN	177	
REPAIR WELL	R WELL CHANGE PLANS (Other)					Operations X alts of multiple completion on Well		
(Other)				Completion o	r Recom	pletion Report and Log for s, including estimated date	m.)	
nent to this work.)* 9-3-83:	Set 8-5/8 to pits.	⊎ casing @ 2]	169'/800) sx cement, ci	rculat	ted 20 sx excess	3	
9-4-83:	-83: WOC - Pressure tested, held o.k.							
9-5-83:	Drilled 2183' to 2400' T.D. Ran Welex Compensated Density log. Released rig at 12:00 midnight.							
9-6-83:	Moving ri	g off. Build	ling fe	nce around pits		BUR. ROSW	REC SEP 7 1	
						Constrained TRICT	ID 21 AN 83	
18. I hereby certify that SIGNED	the foregoing t		ITLE	Agent		DATE9-6-	83	
(This space for Feder	al or State office	use)						
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:			ITLE			DAACCEPTED	7 1983	
		*See I	nstruction	s on Reverse Side		VLI	1300	

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