## State of New Mexico

Form	C	-10	3
Revis	d	1-1	-89

Submit 3 Copies to Appropriate District Office	E1 ,y, Minerals and Natural Resources Departmen		Revised 1-1-89 (15)	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240  DISTRICT II  OIL CONSERVATION DIVISION P.O. Box 2088  Santa Fe, New Mexico 87504-2088		WELL API NO. 30-005-62641		
				P.O. Drawer DD, Artesia, NM 88210
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	· :		6. State Oil & Gas Le	
SUNDRY NO	TICES AND REPORTS ON	I WELLS	1//////////////////////////////////////	
( DO NOT USE THIS FORM FOR P DIFFERENT RES	ROPOSALS TO DRILL OR TO DE ERVOIR. USE "APPLICATION R C-101) FOR SUCH PROPOSALS	EEPEN OR PLUG BACK TO A DOR REPONETVED	7. Lease Name or Un	it Agreement Name
1. Type of Well: OIL GAS WELL WELL WELL	CTHER	IAN OF 100	L.E.R.	30"
2 Name of Operator Fred Pool Dri	lling. Inc.		8. Well No. # 1	
3 Address of Operator		<del>U. C. D </del>	9. Pool same or Wild	icat
P.O. Box 1393	, Roswell, NM 88	3 2 O'ERTESIA, OFFICE	Wildcat -	- SA
4. Well Location			O Feet From Th	Fact
Unit Letter :	1980Feet From The Sout	Line and	G Feet From Th	e East Line
Section 30	Township 198	Range 29E	NMPM	Chaves County
	10. Elevation (Show w	vhether <b>DF, RKB, RT, GR,</b> etc.) 3853	CP	
'/////////////////////////////////////	Appropriate Box to Indi			//////////////////////////////////////
	NTENTION TO:		SEQUENT RE	
				<b>-</b> -
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		TERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS. PL	UG AND ABANDONMENT L
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB X	
OTHER:		OTHER:		RECEIVED
12. Describe Proposed or Completed Op		tails and sive nertinent dates incl	uling enimated Acts of the	artine any recovered
work) SEE RULE 1103.			:	JAN 17 '89
T.D. at 9:45	a.m. on 12/28/88	3.		
Ran 15 joints	, 603' of 7 5/8"	33#, J-55 casin	g.	" O., C. D. Artesna, Offfice
Cemented at 6 Plug down at	03' with 350 sx 0 2:00 pm 12/28/88	Class C with 2% . Circulated 89	Calcium Clo	ride.
Waiting on Ceme no pressure dro	ent 18 hours. Tested	l Casing to 600 psi	for 30 minute	s with
	•			
I hereby certify that the information above is	true and complete to the best of my knowle	•	*	,
SMINATURE 1 68 1821	- Allesta	me . Secr	etary	DATE 1/4/89
·				

TYPE OR PRINT NAME Original Signed By Mike Williams (This space for State Use) JAN 2 6 1989 DATE -

CONDITIONS OF APPROVAL, IF ANY: