16.

Drawer DD

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

UN). D STATES Artesian (1) Mr. 1882 DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)

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FOL	ogic.	۱Δ	SH	RVE	Y		

N	M-	-1884	6		
			ALLOTTEE	TRIBE	NAM

Roosevelt

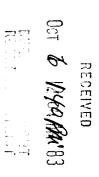
	GEOLOGICAL SURVEY	NM-18846
the not use this form for prop	TICES AND REPORTS ON WELLS osals to drill or to deepen or plug back to a different reservoir. CATION FOR PERMIT—" for such proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL GAS WELL WELL OTHER		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR		8. FARM OR LEASE NAME
Darrell Jackson & Rich	nard Donald Murphree	Mountain Federal
c/o Oil Reports & Gas	Services, Inc., Box 763, Hobbs, NM 88241 clearly and in accordance with any State requirements.*	
990' FNL & 1980	O' FEL of Sec. 30	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
14. PERMIT No.	15. ELEVATIONS (Show whether DF, ET, GR, etc.)	Sec. 30, T7S, R 32E 12. COUNTY OF PARISH 13. STATE

4421 KB

Check Appropriate Box to material Practice of Monday Report, or Other Date							
NUTICE	OF INTENTION TO:		SUBSEQUENT REPORT OF:				
Į	7	f ··· — ¬1					
TEST WATER SHIT-OFF	PULE OR ALTER CASING		WATER SHUT-OFF	REPAURING WELL			
FRACTURE TREAT	MULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERING CASING			
SHOOT OR ACID ZE	ABANDON*		SHOOTING OR ACIDIZING	ABANDONMENT*			
RLPAIR WELL	CHANGE PLANS		(Other)				
(Other) Squeeze	Report	X	(NOTE: Report results of mul Completion or Recompletion R	tiple completion on Well eport 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.)*

It is proposed to squeeze perfs 4120 to 4156 with 300 sacks, perf 4048 to 4081 & treat with 6,000 gallons acid.



18.	I hereby certify that the foregoing is true and correct			 	
	SIGNED // ADDOVED	TITLE	Agent	 DATE	10/4/83
	APPROVED (This space for Pederal or State office use)			 <u> </u>	
	APPROVINCE Sgd.) PETER W. CHESTER CONDITIONS OF APPROVAL IF AND INCO.	TITLE		 DATE	



RECE ED BY

DEC 1 2 1983

O. (D.

ARTESIA DESIG

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