

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
NM OIL & GAS INVESTIGATION
Artesia, NM 88210

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 55129

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Fred Pool Operating Company	8. FARM OR LEASE NAME Woodman Federal
3. ADDRESS OF OPERATOR P.O. Box 1393 Roswell, N.M. 88201	9. WELL NO. 5
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1485' FNL 1155' FEL	10. FIELD AND POOL, OR WILDCAT Cato, S A
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28 T8S R30E
15. ELEVATIONS (Show whether DF, RL, GR, etc.) 4148 Gr	12. COUNTY OR PARISH Chaves
	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	FULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other)	☐		☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
(Other) -- Set 4 1/2 casing.	☐		☐

(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.) *

October 20, 1984

Set 3610 feet of 4 1/2 10.5# casing. Set at 3590 feet.

Used 775 sx Haliburton lite cement; 300 sx 50/50 Poz with 6# salt, and 1/4# floseal in each sx.

Plug down at 3 p.m.

Intend to perforate and acidize.

18. I hereby certify that the foregoing is true and correct

SIGNED Peter W. Chester TITLE Secretary DATE 10-25-84

(This space for Federal or State office use)

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

NOV 6 1984

*See Instructions on Reverse Side

RECEIVED BY
NOV 07 1984
O. C. D.
ARTESIA, OFFICE

RECEIVED
NOV 13 1984
J. C. D.
ARTESIA, OFFICE