

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL & GAS COMMISSION
SUBMIT IN COMPLIANCE
(Other instructions on reverse side)
Artesia, NM 88210

Form approved.
Budget Bureau No. 42-R1424.

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 55129	
2. NAME OF OPERATOR Fred Pool Operating Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 1393, Roswell, N.M. 88201		7. UNIT AGREEMENT NAME	
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		8. FARM OR LEASE NAME Woodman Federal	
14. PERMIT NO.		9. WELL NO. 5	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4148 Gr		10. FIELD AND POOL, OR WILDCAT Cato, S A	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T8S, R30E	
		12. COUNTY OR PARISH Chaves	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	surface casing set.	<input 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.)*

10-13-84 Spud 12 1/4 hole, 3:30 p.m.

10-14-84 Set 1071 ft. new API 8 5/8 24# and 32# casing.
Cemented at 1084 ft. with 640 sx Haliburton lite, 2%CC,
200 sx Class C-2% CC. Circulated 125 sx to pits.
Plug down at 3:30 p.m. W O C 18hrs. Commenced drilling
Operations.
Top of Rustler at 1054 ft.

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

SIGNED

TITLE

President

DATE

10-17, 1984

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY

NOV 6 1984

*See Instructions on Reverse Side

RECEIVED BY
NOV 07 1984
O. C. D.
ARTSIA OFFICE

RECEIVED
NOV 13 1984
U. S. DEPT. OF JUSTICE