

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instructions on
reverse side)

MINERAL COMMISSION

Drawer DD

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 22637

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

R. V. S. - Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 27, T-10-S, R-30-E

12. COUNTY OR PARISH 13. STATE

Chaves

NM

SUNDRY NOTICES AND REPORTS ON WELLS

Artesia, NM 88210

(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 ☐

2. NAME OF OPERATOR

Pearson-Sibert Oil Co. of Texas

3. ADDRESS OF OPERATOR

901 West Missouri Avenue, Midland, TX 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

2310' FN&EL's Section 27, T-10-S, R-30-E

14. PERMIT NO.

Permit Dated 9-20-84

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4093' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Drilling Operations

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 perti-
nent to this work.)*

11-1-84 - Perforated casing from 3,653' to 3,703'.

11-2-84 - Acidized perforations with 2,000 gallons 15% HCL.

11-3-84 - Swabbing treatment back.

11-4-84 - Shut in.

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

SIGNED Robert D. Fetting TITLE Vice President DATE 11-7-84

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY PETER W. CHESTER

CONDITIONS OF APPROVAL

DEC 6 1984

*See Instructions on Reverse Side

NOV 21 1984

DEC 10 1984

CHIEF OF POLICE

RECEIVED BY
DEC 10 1984
O. C. D.
ARTESIA, OFFICE