

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPlicate
to the District Office
in the State of New Mexico
Artesia, NM 83210Form 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 22637	
2. NAME OF OPERATOR Pearson-Sibert Oil Co. of Texas		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 901 West Missouri Avenue, Midland, TX 79701		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 2310' FN&EL's Section 27, T-10-S, R-30-E		8. FARM OR LEASE NAME R. V. S. - Federal	
14. PERMIT NO. Permit Dated 9-20-84		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4093' GR		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 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	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<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"/>		

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 checked="" type="checkbox"/>	Drilling Operations	<input checked="" 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.)*

10-17-84 - Flowing back treatment.

10-18-84 - Flowing and swabbing back treatment.

10-19-84 - Swabbing.

10-20-84 - Swabbing.

10-21-84 - Shut in.

10-22-84 - Preparing to squeeze cement perforations from 3653' to 3749'.

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

SIGNED Robert D. Fitting TITLE Vice PresidentDATE 10-23-84

(This space for Federal or State use)

APPROVED BY PETER W. CHESTER

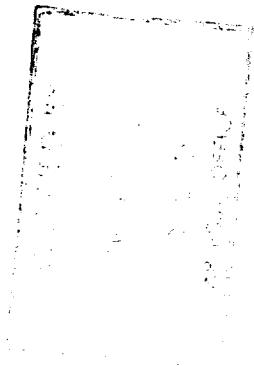
TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NOV 6 1984

*See Instructions on Reverse Side



RECEIVED

NOV 13 1984

FILE
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