Form 3160-5
(July 1989)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE (Other instructions on reverse side)

NM Roswell District
Modified Form No.
NMNM-3160-4

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.)

5. LEASE DESIGNATION AND SERIAL NO.: LC-029395-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

1. OIL WELL [X] GAS WELL [ ] OTHER **Change of Operator**

2. NAME OF OPERATOR: Avon Energy Corp.

3a. Area Code & Phone No.: 505/677-3223

8. FARM OR LEASE NAME: Turner "B" (B)

3. ADDRESS OF OPERATOR: P.O. Box 38, Loco Hills, NM 88255

9. WELL NO.: 67

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1650' FSL & 660' FWL

10. FIELD AND POOL, OR WILDCAT: ~~Grayburg Jackson~~ Eunice San Andres

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 20-17S-31E

RECEIVED
MAR - 1 1991
O. C. D.
ARTESIA, OFFICE

14. PERMIT NO.: 30-015-05300

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

12. COUNTY OR PARISH: Eddy

13. STATE: NM

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF		REPAIRING WELL	
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING CASING	
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING		ABANDONMENT*	XX
REPAIR WELL		CHANGE PLANS		(Other) Change of Operator			
(Other)				(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.)*

The parties listed below wish to notify this Commission of a change of operator on the above described well as follows:

From: Socorro Petroleum Company
P.O. Box 38
Loco Hills, NM 88255

P & A Alo
1969

To: Avon Energy Corp.
P.O. Box 38
Loco Hills, NM 88255
(505) 677-3223

Effective 1/18/91

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

SIGNED _____ TITLE Consultant DATE 2-25-91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

N. M. O. C. C. COPY

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

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. OIL WELL ☐ GAS WELL ☐ OTHER Water Injection Well

2. NAME OF OPERATOR
ATLANTIC RICHFIELD COMPANY

3. ADDRESS OF OPERATOR
P. O. Box 1920, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
1650' FSL and 660' FWL

5. LEASE DESIGNATION AND SERIAL NO.
LC 029395 (B) (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Turner "B" (B)

9. WELL NO.
67

10. FIELD AND POOL, OR WILDCAT
~~Grayburg Jackson~~

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
20-T17S-R31E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3625' GR

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other) Blank off Abo, squeeze Vacuum	☐	and Convert to Wtr. Prem.	
(Other)				(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.)*

3-31-69 to 4-3-69 Set 4-1/2" CI bridge plug in 4-1/2" liner @ 6900' w/2 sks. cement on top. PBTD 6890'. ~~Cement squeezed Vacuum perfs. 3155-3180' w/100 ssoks cement~~ Incor Class C cement. WOC 24 hrs. Pressure tested casing to 800# for 30", Tested O,K. Ran 2-3/8"OD EUE tubing w/on & off ~~tool set @ 2944'~~. Connected up well head and preparing to ~~inject water into~~ Premier perfs. 3031-3044'. Converted to ~~Water Injection~~ Well in Russell-Turner Waterflood ~~Area~~ 4-3-69 ~~Tubing~~ Casing annulus filled w/treated water.

RECEIVED
APR 17 1969
O. C. C.
ARTESIA, OFFICE

RECEIVED
APR 15 1969
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED L. M. Hembree TITLE Engineer DATE 4-12-69

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE APR 15 1969

CONDITIONS OF APPROVAL, IF ANY:

Orig&4cc: USGS, Artesia
cc: Southern Region (West Texas)
cc: file

*See Instructions on Reverse Side