

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED

Budget Bureau No. 1004-0135
Expires March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

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|----------------------------------------------------------------------------------------------------------------------------------|
| 1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other |
| 2. Name of Operator AVON ENERGY CORPORATION |
| 3. Address and Telephone No. 20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405)552-4527 |
| 4. Location of Well (Footage. Sec., T., R., M., or Survey Description) 1650' FSL & 660' FWL, Sec. 20-17S-31E |

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|-------------------------------------------------------------|
| 5. Lease Designation and Serial No. LC-029395-B |
| 6. If Indian, Allottee or Tribe Name N/A |
| 7. If Unit or CA, Agreement Designation N/A |
| 8. Well Name and No. Turner B #67 |
| 9. API Well No. 30-015-05300 |
| 10. Field and Pool, or Exploratory Area Grayburg Jackson |
| 11. County or Parish, State Eddy County, NM |

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION | TYPE OF ACTION |
|-------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Plugging Back |
| | <input type="checkbox"/> Casing Repair |
| | <input type="checkbox"/> Altering Casing |
| | <input checked="" type="checkbox"/> Other Squeeze job |
| | <input type="checkbox"/> Change of Plans |
| | <input type="checkbox"/> New Construction |
| | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Water Shut-Off |
| | <input type="checkbox"/> Conversion to Injection |
| | <input type="checkbox"/> Dispose Water |

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

3/5/96 to 3/6/96 - Set RBP @ 2000'. Found hole from 478' to 496'. Squeezed w/250 sx Class "C".

3/7/96 to 3/10/96 - Drld cmt to 458' where cmt began getting soft. Cont'd drlg cmt to 498'. Found leak between 481'-513'. Spotted cmt plug w/50 sx CI "H" cmt from 400' to 545'.

3/12/96 to 3/14/96 - Drld cmt from 430' to 525'. Spotted cmt plug w/125 sx CI "C" cmt.

3/16/96 to 3/18/96 - Drld cmt from 374' to 550'. Press'd to 300# for 30 min, OK. Pressure increased to 700# while cleaning hole, broke down squeeze. Pumped 75 sx Class "C".

3/20/96 - Drld from 416' to 550'. Spotted 50 sx "C" cmt @ 535'.

3/22/96 - Drld from 401' to 568'. Press'd up on csg. held.

3/24/96 - Started well injecting.

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

| | | |
|----------------------------------------------|-----------------------------------------------------|--------------------|
| Signed <u>Karen Byers</u> | Title <u>KAREN BYERS ENGINEERING TECHNICIAN</u> | Date <u>4/1/96</u> |
| (This space for Federal or State office use) | | |

| | | |
|---------------------------------|-------------|------------|
| Approved by _____ | Title _____ | Date _____ |
| Conditions of approval, if any: | | |

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.

*See Instruction on Reverse Side