

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR MAP
OF COPIES WILL
(Other instructions on re-
verse side)

PLM Rowell District
Modified Form No.

SJS

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 ☐ WIW SJS	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Avon Energy Corp. /	8. FARM OR LEASE NAME Turner "A"
3. ADDRESS OF OPERATOR P.O. Box 37, Loco Hills, NM 88255	9. WELL NO. #35
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface	10. FIELD AND POOL, OR WILDCAT Grayburg Jackson
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 19-17S-31E	12. COUNTY OR PARISH Eddy
13. STATE NM	
14. PERMIT NO. 3001520097	15. ELEVATIONS (Show whether of, at, on, etc.) 3619 GL

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SEP 27 1991

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
FRACTURE TREAT	☐	FRACTURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other) repair csg leak	☐
(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.)

Well flowing 25 BPD salt water between 4-1/2" & 8-5/8" csg. Ran logs. Found fluid flow occurring from 1180' to surface. Remove 4-1/2" csg slips. Run 1" IJ tbg to 1304'. Circulate 4-1/2" x 8-5/8" annulus clean. Cmt well w/450 sx Halliburton Lite cmt w/8# salt per sack. Circulate cmt to surf. Pull 1" tbg out of hole & lay down. Install slips, packing & top nut on wellhead. Job complete 8/24/91.

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

SIGNED

TITLE

Consultant

DATE 9/6/91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

24 1991
SJS