

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION  
Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985  
Drawer DD  
SUBMIT IN TRIF  
(Other than the  
verse side)

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. NMNM0107697	
2. NAME OF OPERATOR DADCO, INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME API NO. 30-015-10279	
3. ADDRESS OF OPERATOR P. O. Box 7288, Odessa, TX 79760		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 660 FNL, 1980 FWL		8. FARM OR LEASE NAME Jones B Federal	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, ST, GR, etc.) ARTESIA, OFFICE		10. FIELD AND POOL, OR WILDCAT Lusk Strawn	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 25-19S-31E	
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.)		12. COUNTY OR PARISH Eddy	
		13. STATE New Mexico	

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 ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
ABANDON\* ☐  
CHANGE PLANE ☐

WATER SHUT-OFF ☐  
FRACTURE TREATMENT ☐  
SHOOTING OR ACIDIZING ☐  
(Other) ☐

REPAIRING WELL ☐  
ALTERING CASING ☐  
ABANDONMENT\* ☐

(Other) Change of Operator 6-30-94 ☒

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

As required by 43 CFR 3100.0-5 (a) and 43 CFR 3162.3 we are notifying you of a change of operator on the above referenced lease.

DADCO, INC., AS NEW OPERATOR, accepts all applicable terms, conditions, stipulations and restrictions concerning operations conducted on the lease or portion of lease described.

DADCO, INC. meets federal bonding requirements as follows (43 CFR 3104)  
BLM Bond File #B04781 NM-0107697

Effective date of change is July 1, 1994.

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side