

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other Instructions on reverse side)

Budget Bureau No. 1004-  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL

NM070522-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

INDIAN BASIN "F" FED.

9. WELL NO.

1

10. FIELD AND POOL OR WILDCAT

INDIAN BASIN UPPER PENNS.

11. SEC., T., R., M., OR BLM. AND  
SURVEY OR AREA

SEC. 25 T21S, R23E

12. COUNTY OR PARISH

EDDY

13. STATE

NEW MEXICO

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

2. NAME OF OPERATOR

BILL FENN, INC.

3. ADDRESS OF OPERATOR

P. O. DRAWER 569, GIDDINGS, TEXAS 78942

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

1500' FROM THE SOUTH LINE

1500' FROM THE WEST LINE

RECEIVED

AUG 11 '89

A. C. D.  
ARTESIA, OFFICE

14. PERMIT NO.

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

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)

(Other) \*\* CHANGE IN OPERATOR

(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.)

EFFECTIVE AS OF AUGUST 1, 1989

BILL FENN, INC. HAS TAKEN OVER AS OPERATOR FROM MARATHON OIL COMPANY  
OF THE INDIAN BASIN "F" FED. #1 WELL

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

SIGNED

*Darryl Brown*

TITLE

OPERATIONS MANAGER

DATE

7/25/89

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DATE

AUG 08 1989

\*See Instructions on Reverse Side

SCS  
CARLSBAD, NEW MEXICO