(June, 1990)

TED STATES **DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT**

MM OIL CONS COMM Drawer DD FORM APPROVED

Àr	tesia	ppogenoureau No. 100	4 -01.
		Expires: March 31, 19	33

0.0.5	5. Lease Designation and Serial No.							
SUNDRY	NM 46275							
Do not use this form t	6. If Indian, Allotte or Tribe Name							
Use 'APP								
	7. If Unit or CA, Agreement Designation							
. Type of Well								
X Oil Well	Gas Well	<u> </u>	Other '	_/	8. Well Name and No.			
. Name of Operator		Christine Pickart			Burton Flat B Federal No. 4			
Presidio Exploration, Inc	9. API Well No.							
. Address and Telephone No.	30-015-24829							
5613 DTC Parkway, Ste	10. Field and Pool, or Exploratory Area							
. Location of Well (Footage, T, R,	Avalon Bone Springs East							
3300' FSL & 660' FWL		11. County or Parish, State						
Section 1-T21S-R27E				Eddy County, NM				
2. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA								
TYPE OF SUBMISSION			TYPE OF ACTION					
			Abandonment		Change of Plans			
Notice of Intent			Recompletion		New Construction			
			Plugging Back	 	Non-Routine Fracturing			
Subsequent Report			Casing Repair		Water Shut-Off			
			Altering Casing		Conversion to Injection			
Final Abandonment Notice		X	Other: CHANGE OF OPERATOR		Dispose Water			
		ليت		Aloto F	laport results of multiple completion on Well			
					tion or Recompletion Report and Log form).			
If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)* 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 deferenced well. Tresidio Exploration, Inc., as new operator, accepts all applicable terms, conditions, stipulations and restrictions oncerning operations conducted on the lease or portion of lease described.								
residio Exploration, Inc. meets Federal bonding requirements as follows (43 CFR 3104)								
Bond Coverage: \$25,00		ance Company						
BLM Bond File No.: 610	DIST. 2							
he effective date of this change is March 1, 1995 at 7:00 am MDT.								
I. I hereby certify that the foregoing is true Signed: Christine Pickart	ndcorrect	1186: <u>E</u>	Engineering Technician	Date:	February 28, 1995			
(This space for Federal or State office use)								
Approved by: Title: Date:								
Conditions of approval, if any:								
					B			

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.