

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Check instructions on the
reverse side)

Project Number: 1001 0135
Project Name: 1001 0135

5. LEASE DESIGNATION AND SERIAL NO.

NM14768B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Wilderspin Federal

9. WELL NO.

1, 2, & 3

10. FIELD AND POOL, OR WILDCAT

Undesignated Wolfcamp,
NW FENTON, E. AVALON BONE
SPRINGS

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

Sec. 11 T21, R27E

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

L & T OIL CO.

3. ADDRESS OF OPERATOR

2209 West Industrial Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

See also space 17 below

At surface #1 Unit Letter F Se. 11 SENW 21S, 27E

#2 Unit Letter A SEC 11 NENE 21S, 27E

#3 Unit Letter H SEC.11 SENE 21S, 27E

14. PERMIT NO.

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

16

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

OTHER

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

17. DESCRIBE WORK DONE OR COMPLETION OPERATIONS. (If necessary, 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 perti-
nent to this work.)

Change of Operator from Gas Lift Sales & Service, Inc. to L & T Oil Co.

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

SIGNED

Andy Lundberg

TITLE Secretary-Treasurer

DATE 9-25-89

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

clsk

SEP 27 '89

O. C. D.

ARTESIA OFFICE

SEP 26 11 27 AM '89

RECEIVED