

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

45P

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Disposal Well RECEIVED		5. LEASE DESIGNATION AND SERIAL NO. NM 01119	
2. NAME OF OPERATOR Bill Taylor		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1106 N. Country Club Carlsbad, NM 88220		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any applicable regulations. See also space 17 below.) At surface 4122' FNL & 330' FEL		8. FARM OR LEASE NAME Welch Yates C Federal	
14. PERMIT NO.		9. WELL NO. Bigge Fed. #7	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3231' GL		10. FIELD AND POOL, OR WILDCAT Cedar Hills	
12. COUNTY OR PARISH EDDY		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 5-T21S-R27E, NMPM	
13. STATE NM			

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input checked="" type="checkbox"/> Change of 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.)*

Notice of CHANGE OF OPERATOR, from George D. Riggs, P. O. Box 116,
Carlsbad, NM 88221 to:

Bill Taylor, Lease NM 01119, in T21S, R27E, NMPM:
Sec. 4: Lots 4,5,11,14, & W/2SW/4; and
Sec. 5: Lots 2,7,9,11,14,16, W/2SE/4, & W/2SW/4;
from the surface down to 700'.

Post ID-3
7-19-91
chg op

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

SIGNED <u>Bill Taylor</u>	TITLE <u>Operator</u>	DATE <u>7/1/91</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side