

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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

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 checked="" type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR M. Brad Bennett, Inc. ✓		8. FARM OR LEASE NAME Big Sinks Fed Com
3. ADDRESS OF OPERATOR P.O. Box 2062 Midland, Texas 79702 915-682-4336		9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL and 1980' FEL Sec. 35, T-25-S, R-31-E, N.M.P.M.		10. FIELD AND POOL, OR WILDCAT Undesignated Atoka (gas)
14. PERMIT NO.		11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA Sec. 35, T-25-S, R-31-E, N.M.P.M.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) RT 3350'		12. COUNTY OR PARISH Eddy
		13. STATE N.M.

APR 20 '90

O. C. D.
ARTESIA OFFICE

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) Change of Operator <input checked="" type="checkbox"/>		(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.) *

Former Operator: Amoco Production Company
501 WestLake Park Blvd.
P.O. Box 3092
Houston, Texas 77253

Change of Operator effective as of April 1, 1990.

RECEIVED
APR 9 9 03 AM '90
CARLSBAD AREA OFFICE

ACCEPTED FOR RECORD

APR 18 1990

CARLSBAD, NEW MEXICO

Post #D-3
4-13-90
chg op name
chg well name

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

SIGNED <u>M. Brad Bennett</u>	TITLE <u>President, M. Brad Bennett, Inc.</u>	DATE <u>04/06/90</u>
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(This space for Federal or State office use)

APPROVED BY _____	TITLE _____	DATE _____
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CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side