

UNITED STATES P. O. BOX 1980
DEPARTMENT OF THE INTERIOR HOBBS, NEW MEXICO 88240
GEOLOGICAL SURVEY

5. LEASE
LC-056927 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
El Paso Natural

9. WELL NO.
2

10. FIELD OR WILDCAT NAME
Scarborough - Yates - SR

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 13 T26S R36E

12. COUNTY OR PARISH 13. STATE
Lea NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
2951 DF

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 Form 9-331-C for such proposals.)

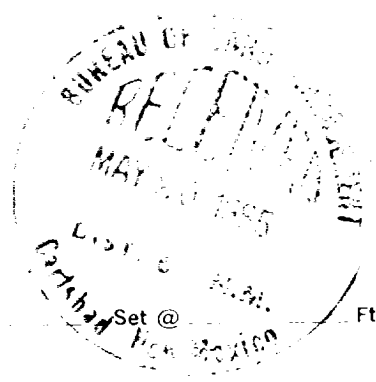
1. oil well gas well other
2. NAME OF OPERATOR
Ambett Oil Company, Inc.
3. ADDRESS OF OPERATOR
P. O. Box 755, Hobbs, NM 88241
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL & 1650' FEL Sec 13
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <u>Change Operator Name</u>	

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

Filed to change operator name from Chickasaw Gathering, Inc. to Ambett Oil Company, Inc.



Subsurface Safety Valve: Manu. and Type _____

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

SIGNED [Signature] TITLE Agent DATE 5/16/85

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY

ACCEPTED FOR RECORD

JUN 3 1985

*See Instructions on Reverse Side

RECEIVED

JUN -5 1985

O.C.B.
HOBBS OFFICE