

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate  
(Other instructions on reverse side)

Budget Authority: N/A  
Expires August 31, 1985  
5. LEASE DESIGNATION AND SERIAL NO.  
NM-68824

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 Bair  
W. G. Blair Operating Company

3. ADDRESS OF OPERATOR  
c/o Oil Reports & Gas Services, Inc.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface  
660' FNL & 1980' FEL of Section 8

14. PERMIT NO. \_\_\_\_\_ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
4186 GR

12. COUNTY OR PARISH Lea 13. STATE NM

6. IF INDIAN, ALLOTTEE OR TRIBE NAME \_\_\_\_\_

7. UNIT AGREEMENT NAME \_\_\_\_\_

8. FARM OR LEASE NAME  
Coll Federal Com

9. WELL NO.  
1

10. FIELD AND POOL, OR WILDCAT  
Vada Penn

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 8, T9S, R35E

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) <u>Change operator</u>                 |  |

(Other) Return to Production & Test

(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.)\*

Operator changed from M & G Oil, Inc. to W. G. ~~Blair~~ <sup>**BAIR**</sup> Operating Company.

Reference is made to M & G Oil, Inc. Sundry Notice dated 11/20/87. It is now proposed to run production equipment & test existing wells 9804 to 9828 for commercial production.

RECEIVED  
DEC 2 10 55 AM '87  
BUREAU OF LAND MANAGEMENT

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

SIGNED Donna Dales TITLE Agent DATE 12-1-87

(This space for Federal or State office use)

APPROVED BY Scott C Adams TITLE actg DATE 12-11-87

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

\*See Instructions on Reverse Side

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HCBS OFFICE