

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on re-
verse side)

RMH Roswell District
Modified Form No.
MDO60-3160-4

c15F

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		CHANGE OF OPERATOR	
2. NAME OF OPERATOR Avon Energy Corp.		3a. Area Code & Phone No. 505/677-3223	
3. ADDRESS OF OPERATOR P.O. Box 37, Loco Hills, NM 88255		6. FARM OR LEASE NAME Fren Oil Co. "A"	
4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations. See also space 17 below.) At surface 660' FSL & 660' FEL		9. WELL NO. 5	
14. PERMIT NO. 3001505253		15. ELEVATIONS (Show whether SP, RT, GR, etc.) 3592' GR	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 19-T17S-R31E	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

RECEIVED
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O. C. D.
MESA 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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) Change of Operator	<input checked="" type="checkbox"/>
(Other)	<input 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 some pertinent to this work.)

The parties listed below wish to notify this Commission of the change of operator for the well described above.

From: Socorro Petroleum Company
P.O. Box 38
Loco Hills, NM 88255

To: Avon Energy Corp.
P.O. Box 37
Loco Hills, NM 88255

SI

Port ID-3
7-19-91
chg ap

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

SIGNED	<i>[Signature]</i>	TITLE	Consultant	DATE	7/10/91
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(This space for Federal or State Office use)

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

*See Instructions on Reverse Side