

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE (SEE INSTRUCTIONS ON
REVERSE SIDE)

NM Rowell District
Modified Form No.
1980-3160-4

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 ☐ **Change of Operator**		2. LEASE DESIGNATION AND SERIAL NO. LC-029395-B	
3. NAME OF OPERATOR Avon Energy Corp.		4. IF INDIAN, ALLOTTEE OR TRIBE NAME	
5. ADDRESS OF OPERATOR P.O. Box 38, Loco Hills, NM 88255		6. UNIT AGREEMENT NAME	
7. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FEL & 330' FSL		8. FARM OR LEASE NAME Turner "B" (B)	
9. RECEIVED MAR - 1 1991 O. C. D. ARTESIA OFFICE		9. WELL NO. 72	
10. PERMIT NO. 30-015-05302		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson	
11. ELEVATIONS (Show whether of, at, or, etc.)		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA 20-17S-31E	
12. COUNTY OR PARISH Eddy		13. STATE NM	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	...	WATER SHUT-OFF	...
FRACURE TREATMENT	...	FRACURE TREATMENT	...
SHUT-IN OR ACIDIZING	...	SHUT-IN OR ACIDIZING	...
REPAIR WELL	...	REPAIRING WELL	...
(Other)	...	ALTERING CASING	...
		ABANDONMENT	XX

17. WORKING 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 washers and source perforations to this work.)

The parties listed below wish to notify this Commission of a change of operator on the above described well as follows:

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

To: Avon Energy Corp.
P.O. Box 38
Loco Hills, NM 88255
(505) 677-3223

Effective 1/23/91

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

SIGNED <u>[Signature]</u>	TITLE <u>Consultant</u>	DATE <u>2-25-91</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side