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Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
O. C. D.

ARTESIA, OFFICE

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 change of operator

2. NAME OF OPERATOR

Premier Production Company

3. ADDRESS OF OPERATOR

P.O. Box 1246, Artesia, NM 88210

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 560' FSL & 3350' FEL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

1641' Falt

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) Change of Operator

5. LEASE
LC-031844

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Fren Oil Co. Com

9. WELL NO.
21

10. FIELD OR WILDCAT NAME
Cedar Lake Morrow, North

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 19, T-17S R-31E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

14. API NO.
30015004140000

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

(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.)*

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

From: Hondo Oil & Gas Company
P.O. Box 2208
Roswell, NM 88201

To: Premier Production Company
P.O. Box 1246
Artesia, NM 88210

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED [Signature] TITLE owner/operator DATE 4/8/91

(This space for Federal or State office use)

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