

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved. 157
Budget Bureau No. 1004-0135
Expires August 31, 1985

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.)

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR George A. Denton BERNARD D. CLEVE ✓</p> <p>3. ADDRESS OF OPERATOR R.O. Box 1252, Artesia, New Mexico 88210</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FNL & 2310' FEL Sec. 21, T18S, R29E</p> <p>14. PERMIT NO.</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. NM - 34461</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME ARCO Federal</p> <p>9. WELL NO. #1</p> <p>10. FIELD AND POOL, OR WILDCAT Loco Hills/On/CB/SA</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21, T18S, R29E</p> <p>12. COUNTY OR PARISH Eddy</p> <p>13. STATE NM</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3509' GR</p>	<p style="text-align: center;">RECEIVED FEB 1 '89 O. C. D. ARTESIA OFFICE</p>

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"/>	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 checked="" type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) **Change of Operator**

(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.)*

Propose to change plans and NOT plug and abandon the above captioned well.

Propose to CHANGE OPERATOR from George A. Denton to Bernard D. Cleve, Elk Cattle Company, Hope, New Mexico 98250.

RECEIVED
JAN 27 2 01 PM '89
OFF. SEC. RESOURCES

Post ID-3
2-34-89
chg op

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

SIGNED Laura Tidwell TITLE Agent DATE 1-24-89
Laura Tidwell/ Agent for Bernard D. Cleve

(This space for Federal or State office use)
APPROVED BY CHIEF, GENERAL RESOURCES TITLE _____ DATE 1-31-89
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side