

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
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.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
Speerex Ltd. Partnership

3. ADDRESS OF OPERATOR
P. O. Box 255, Farmington, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with BLM Form 3160-5.
See also space 17 below.)
At surface
NE/NW Sec. 9-T27N-R13W
9190' FNL + 1650' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether on surface or subsurface)
5957 GR

5. LEASE DESIGNATION AND SERIAL NO.
NM-33035

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Campbell

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
WAW Fruitland Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
9-27N-13W-NMPM

12. COUNTY OR PARISH
San Juan

13. STATE
NM

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BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	Change of operator		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(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.)

Change of operator from Oxoco Exploration & Production, Inc.
to Speerex Ltd. Partnership effective November 1, 1985.

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DEC 12 1985
OIL CON. DIV.
DIST. 3

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

SIGNED William R. Speer TITLE General Partner

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
DATE 11-19-85

DEC 11 1985
FARMINGTON RESOURCE AREA

BY [Signature]

*See Instructions on Reverse Side

WMOCC

Q3V13C3A

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