

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
BOX 1980
HOBBS, NEW MEXICO 88240

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.

NM-83628

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Sawyer Federal #1

9. API Well No.

30-025-07054

10. Field and Pool, or Exploratory Area

Sawyer Devonian

11. County or Parish, State

Lea, NM

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

TOCO, L.L.C.

3. Address and Telephone No.

P.O. Box 888, Hobbs, NM 88241 505-392-7050

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit Letter L, 1980' FSL & 660' FWL
Section 7, T-9S, R-38E

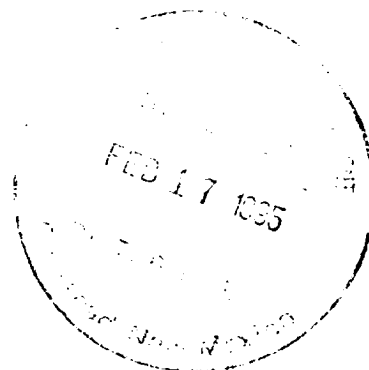
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION | TYPE OF ACTION | |
|---|---|---|
| <input type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment | <input type="checkbox"/> Change of Plans |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Plugging Back | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Water Shut-Off |
| | <input type="checkbox"/> Altering Casing | <input type="checkbox"/> Conversion to Injection |
| | <input checked="" type="checkbox"/> Other <u>Change in Operator</u> | <input type="checkbox"/> Dispose Water |
| | | (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) |

13. 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.)*

This is to notify you that effective July 1, 1994, C. W. Trainer, Operator, completed a change in name to TOCO, L.L.C.

Please note that the bond has been changed accordingly. Attached is a copy of the Change in Name of Principal Rider that has been sent to the BLM in Santa Fe.



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

Signed Delviah McKelvey Title Agent Date 2/10/95
(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: