

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Happy Oil Company Inc.	8. FARM OR LEASE NAME Saunders
3. ADDRESS OF OPERATOR P.O.Box 770, Artesia, N.M. 88210	9. WELL NO. 9
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660 FSL 660 FEL	10. FIELD AND POOL, OR WILDCAT Red Lake (Q,G,SA)
14. PERMIT NO.	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 13-T17S-R27E
15. ELEVATIONS (Show whether DF, RT, OR, etc.) ARTESIA, OFFICE	12. COUNTY OR PARISH Eddy
	13. STATE N.M.

RECEIVED

AUG 31 '90

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETION

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other) Change of Operator

(Other)

(NOTE: Report results of multiple completion or 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 and 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 change operator from C.E.LaRue and B.N. Muncy Jr.,
P.O.Box 196, Artesia, N.M. 88210, to Happy Oil Company Inc.,
effective August 1, 1990.

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

SIGNED

Walter Hanson

TITLE

Agent

DATE

8/28/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side