

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

OCT - 9 1991

O. C. D.
ARTESIA OFFICE

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

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

BLUE SKY PRODUCTION COMPANY

3. Address and Telephone No.

P.O. BOX 1772 HOBBS, NM 88240

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

Unit Letter C : 990 Feet from the N Line and 1650 Feet
From the W Line. Sec 18 Twn 17S , R 28E ,

5. Lease Designation and Serial No.

LC 045818A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

HASTIE #6

9. API Well No.

30-015-01418

10. Field and Pool, or Exploratory Area

EMPIRE (Y-SR)

11. County or Parish, State

EDDY CNTY, NEW MEXICO

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

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other CHANGE OF OPERATOR
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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.)*

CHANGE OF OPERATOR EFFECTIVE 09-01-91.

FROM: BLUE SKY PRODUCTION

TO: BABER WELL SERVICING COMPANY
P.O. BOX 1772
HOBBS, NM 88241

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

Signed G.A. BABER Title PRESIDENT

Date 9-1-91

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____