

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse 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.)

D. LEASE DESIGNATION AND SERIAL NO.
LC-068677

E. IF INDIAN, ALLOTTEE OR TRIBE NAME

F. UNIT AGREEMENT NAME

G. FARM OR LEASE NAME
Davis Federal

H. WELL NO.
6

I. FIELD AND POOL, OR WILDCAT
High Lonesome Queen

J. SEC., T., R., N., OR BLK. AND SURVEY OR AREA
Sec. 15 T-16S R-29E

K. COUNTY OR PARISH
Eddy

L. STATE
NM

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR

Vintage Drilling Co.

3. ADDRESS OF OPERATOR

P.O. Box 158, Loco Hills, NM 88255

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

Unit Ltr. C , 660' FNL and 1980' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DP, RT, OR, etc.)

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON

CHANGE PLANT

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Change of operator

REPAIRING WELL

ALTERING CASING

ABANDONMENT

17. DESCRIBE PROMISED 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.)

Effective July 1, 1991, the above wells operator was changed from Armstrong Energy Corporation, P.O. Box 1973, Roswell, NM 88201 to Vintage Drilling Co., P.O. Box 158, Loco Hills, NM 88255. All subsequent reports will be coming to this office.

RECEIVED
JUL 30 11 12 AM '91
CARLSON
AREA OFFICE

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

SIGNED

Maria E. Durhan TITLE

Agent

DATE

7/10/91

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side