

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

5. LEASE DESIGNATION AND SERIAL NO

LC 064023

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Saunders

9. WELL NO.

10

10. FIELD AND POOL, OR WILDCAT

Red Lake (Q,G,SA)

11. SEC., T., R., M., OR B.L. AND
SURVEY OR AREA

Sec. 13-T17S-R27E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

1. OIL ☒ GAS ☐
WELL WELL OTHER

2. NAME OF OPERATOR

Happy Oil Company Inc.

3. ADDRESS OF OPERATOR

P.O.Box 770, Artesia, N.M. 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

660 FEN 1980 FSL

RECEIVED

AUG 31 '90

O. C. D.

ARTESIA, OFFICE

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, 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 PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Change of Operator

(NOTE: Report results of multiple completion in 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.)*

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 Co. Inc., effective
August 1, 1990.

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

SIGNED

Warren 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