

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN
(Other instru-
ment side)

Form approved.
Budget Bureau No. 1004-0115
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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	CHANGE OF OPERATOR	5. LEASE DESIGNATION AND SERIAL NO. NM-18831
2. NAME OF OPERATOR GENERAL ATLANTIC RESOURCES, INC.	(303) 573-5100	6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A
3. ADDRESS OF OPERATOR 410-17th St., Suite #1400, Denver, CO 80202		7. UNIT AGREEMENT NAME N/A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1485' FNL & 660' FWL		8. FARM OR LEASE NAME DEPCO FEDERAL
		9. WELL NO. #2
		10. FIELD AND POOL, OR WILDCAT Diamond Mound
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4-T16S-R28E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR: 3650'	12. COUNTY OR PARISH Eddy
	ARTESIA, OFFICE	13. STATE New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input checked="" type="checkbox"/> CHANGE OF OPERATOR	<input checked="" type="checkbox"/> XX	(NOTE: Report results of multiple completion on 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 advise that Operator for the captioned well has changed to General Atlantic Resources, Inc. General Atlantic Resources, Inc. is fully bonded under BLM Nationwide Bond No. CO-0836 which is on file in the Lakewood, Colorado, Youngfield Street office, Bureau of Land Management.

The well is currently in a producing status.

ACCEPTED FOR RECORD

MAY 5 1989

CARLSBAD, NEW MEXICO



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

SIGNED Shelley L. Keene	TITLE Engineering Technician	DATE 25 Apr 1989
(This space for Federal or State office use)		
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side