

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION
Drawer DD
Artesia, NM 88210

FORM APPROVED
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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. <u>1111111111111111</u>
2. Name of Operator <u>Artesia Oil & Gas Inc.</u>	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. <u>P.O. Box 1517</u> <u>505-622-5200</u>	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <u>SEC 5 NENE 17S 129E</u> <u>2505'</u> <u>990' FNL 530' FUL</u>	8. Well Name and No. <u>Hedges Federal 2</u>
	9. API Well No. <u>3001502890</u>
	10. Field and Pool, or Exploratory Area
	11. County or Parish, State <u>Eddy NM</u>

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

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other	<input type="checkbox"/> 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/agent from Frostman Oil to:

Artesia Oil & Gas Inc
P.O. Box 1517

DAVID R. GLASS, Agent

IN 5 00

Agent: Sue Dienstbier

DEC 1 10 02 AM '93

RECEIVED

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

Signed Sue Dienstbier Title Bookkeeper Date 12/23/93

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: _____