

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION  
Drawer DD  
Artesia, NM 88210

C/SF

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

5. Lease Designation and Serial No.  
NMNM0467934

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
Maddren B Federal #1

9. API Well No.  
30-015-04359

10. Field and Pool, or Exploratory Area  
Fren Seven Rivers

11. County or Parish, State  
Eddy County, NM

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

Coastal Management Corporation

3. Address and Telephone No.

P. O. Box 2726, Midland, TX 79702 (915) 682-5492

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

Unit M, 990 FSL & 330 FWL  
Sec. 27, T17S, R30E

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.)

As required by 43 CFR 3100.0-5(a) and 43 CFR 3162.3 we are notifying you of a change of Operator on the above referenced lease.

Coastal Management Corporation, as New Operator, accepts all applicable terms, conditions, stipulations and restrictions concerning operations conducted on the lease or portion of lease described.

Coastal Management Corporation meets federal bonding requirements as follows (43 CFR 3104):

Bond Coverage: Statewide  
BLM Bond File No.: NM2341

The effective date of this change is ~~September 30, 1994~~

11-1-94

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

Signed Larry Johnston Title Agent

(This space for Federal or State office use)

Date 12/15/94

Approved by

Conditions of approval, if any:

Title

Date