

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OFFICE FOR NUMBER  
OF COPIES REQUIRED  
(Other instructions  
verse side)

Butte County District

Modified Form No.

1000-1160-4

IS COMPLETION DESIGNATION AND SERIAL NO.

LC 029342a

88216 INDIAN, ALLOTTEE OR TRIBE NAME

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR I & W, Inc.		3a. Area Code & Phone No. 505-677-3391	
3. ADDRESS OF OPERATOR P.O. Box 98 Loco Hills, New Mexico 88255		8. FARM OR LEASE NAME Woolley Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface E/2 SW/4, SW/4 SW/4		9. WELL NO. 1 & 3	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)	
10. FIELD AND POOL, OR WILDCAT Loco Hills Abo		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 21, T17S, R30E, NMPM	
12. COUNTY OR PARISH Eddy		13. STATE NM	

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 type="checkbox"/>
(Other) <input type="checkbox"/>	Change Operator <input checked="" type="checkbox"/>	(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.) \*

Effective date: July 01, 1995

The former operator, Double I, Inc., has merged into I & W, Inc., and the corporate existence of Double I, Inc. has ceased. The surviving corporation, I & W, Inc., has become the owner, without transfer, of all the rights and property of the constituent corporations, and the surviving corporation has become subject to all the debts, liabilities, and responsibilities of the constituent corporations in the same manner as if it had itself incurred them.

The undersigned accepts all applicable terms, conditions, stipulations, and restrictions concerning operations conducted on the leased land or portion thereof, as described above.

RECEIVED

JUL 28 1995

OIL CON. DIV.  
DIST. 2

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

SIGNED: Michael K. Smith TITLE: Gen. Mgr. DATE: 7/6/95

(This space for Agent, on State notice only)

APPROVED BY: David H. Blase TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

CONDITIONS OF APPROVAL: JUL 26 1995

\*See Instructions on Reverse Side