

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM C 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

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

C.F.M. OIL COMPANY

3. Address and Telephone No.

P.O. BOX 1176 Artesia, NM 88210 (505) 746-4787

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

330 FNL 330 FEL, SEC. 29-T18S-R27E, UNIT A

5. Lease Designation and Serial No.

NM-14618

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

FEDERAL T #1

9. API Well No.

30-015-00973

10. Field and Pool, or Exploratory Area

DAYTON GRBG, EAST

11. County or Parish, State

Eddy County, NM

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 1)

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)*

EFFECTIVE 1/1/95 C.F.M. OIL COMPANY ASSUMED OPERATIONS OF THIS WELL FROM MARBOB ENERGY CORPORATION. C.F.M. OWNS OPERATING RIGHTS TO THIS LEASE, SO NO STATEMENT OF RESPONSIBILITY WILL BE REQUIRED.



OCT 12 11 13 AM '95
CARBON AREA
BLM

RECEIVED

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

Signed

Title OWNER

Date 8/30/95

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: