

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OIL CONS COMMISSION  
Drawer DD FORM APPROVED  
Artesia, NM 88210  
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)  
**2310 FSL 990 FEL, SEC. 29-T18S-R27E, UNIT I**

5. Lease Designation and Serial No.

**NM-025605**

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

**FEDERAL T #3**

9. API Well No.

**30-015-00976**

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.)

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 12 AM '95

RECEIVED

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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: