| - | UNITED ST DEPARTMENT OF ' | TATES | FORM APPROVED |
|--|---|--|---|
| June 1990) SU | DEPARTMENT OF ' | | |
| - | | THE INTERIOR | Budget Bureau No. 1004-0135 Expires: March 31 1003 |
| - | BUREAU OF LAND | MANAGEMENT | Expires: March 31, 1993 5. Lease Designation and Serial No |
| - | SUNDRY NOTICES AND REPORTS ON WELLS | | |
| Do not use this form I Use " | NMNM54184 6. If Indian, Allottee or Tribe Name rvoir. | | |
| <u>, , , , , , , , , , , , , , , , , , , </u> | 7. If Unit or CA, Agreement Designation | | |
| I. Type of Well | | | |
| XXXxell Gas V 2. Name of Operator V | | | 8. Well Name and No. DUNN B FEDERAL #11 |
| KAY JAY OIL COMPANY | | | 9. API Well No. |
| 3. Address and Telephone No. | | | 30-015-01807 |
| P.O. BOX 1306, ARTESIA, NM 88210 (505) 746-6100 | | | 10. Field and Pool, or Exploratory Area |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) | | | ARTESIA QUEEN GRBG SA 11. County or Parish, State |
| 330 FSL 330 FWL, SEC. 10-T18S-R28E, UNIT M | | | EDDY |
| 12. CHECK APP | PROPRIATE BOX(s) TO | INDICATE NATURE OF NOTICE, F | EPORT, OR OTHER DATA |
| TYPE OF SUB | TYPE OF SUBMISSION TYPE OF ACTION | | TION |
| Notice of Inter | nt | Abandonment Recompletion | Change of Plans New Construction |
| Subsequent Re | роп | Plugging Back Casing Repair | Non-Routine Fracturing Water Shut-Off |
| Final Abandor | | Altering Casing XX Other CHANGE OF OPERAT | OR Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form) |
| give subsurface locations | and measured and true vertical depths TIVE 9/1/95, KAY JA | t details, and give pertinent dates, including estimated date for all markers and zones pertinent to this work.)* Y OIL COMPANY WILL ASSUME OP AY JAY OWNS OPERATING RIGHTS | of starting any proposed work. If well is directionally drilled ERATIONS OF THIS WELL TO THIS WELL, SO NO |
| STATE | MENT OF RESPONSIBIL | ITY WILL BE REQUIRED. | |
| | | | OCT 23 |
| | | े टि | - 40 PN 19 |
| <u> </u> | | | |
| 14. I hereby certify that the foreg | Laine - | AGENT | Date 10:-19-95 |
| (This space for Federal or Sta | ate office yee) | | |
| Approved by Conditions of approval, if any | y: | _ Title | Date |

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