

Form 3160-5  
(June 1990)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget 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**

**RECEIVED**

5. Lease Designation and Serial No  
**LC 065015**

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

1. Type of Well  
☒ Oil Well ☐ Gas Well ☐ Other

**AUG 01 '94**

8. Well Name and No  
**Friess Federal #4**

2. Name of Operator

**Glen Plemons**

**O. C. D.  
ARTESIA, OFFICE**

9. API Well No  
**30-015-05465**

3. Address and Telephone No

**P.O. Box 113, Lovington, NM 88261-0113**

10. Field and Pool, or Exploratory Area **7Rvs  
Grayburg JacksonQN GB**

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

**Unit F: Sec 30 TWS 17S Range 31E 1650' from North Line  
1650' from West Line**

11. County or Parish, State **SA  
Eddy, NM**

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

TYPE OF ACTION

- ☐ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other **Change in 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.

GLEN PLEMONS, AS NEW OPERATOR, ACCEPTS ALL APPLICABLE TERMS,  
CONDITIONS, STIPULATIONS AND RESTRICTIONS CONCERNING OPERATIONS  
CONDUCTED ON THE LEASE OR PORTION OF LEASE DESCRIBED.

~~BARBARA FISK~~ MEETS FEDERAL BONDING REQUIREMENTS AS FOLLOWS (32271)  
**Glen Plemons** BOND COVERAGE: STATEWIDE  
BLM BOND FILE NO:

THE EFFECTIVE DATE OF THIS CHANGE IS JUNE 1, 1994.

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

Signed

Title

**Owner/Operator**

Date

**6/16/94**

(This space for Federal or State office use)

Approved by  
Conditions of approval, if any:

Title

Date