

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVED
OFFICE FOR NMN
OF COPIES REQUIRED
(Other instructions on re-
verse side)

NM Roswell District
Modified Form No.
NM60-3160-4

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 ☐ GAS WELL ☐ OTHER		3a. Area Code & Phone No. 505/677-3223		5. LEASE DESIGNATION AND SERIAL NO. LC-065014
2. NAME OF OPERATOR Avon Energy Corp.				6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 37, Loco Hills, NM 88255				7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660 FNL & 660 FEL		11. SEC., T., R., E., OR S.E., OR S.W., AND SURVEY OR AREA 30 - 75S-31E		8. FARM OR LEASE NAME Max Friess MA
14. PERMIT NO. 30015-05459		15. ELEVATIONS (Show whether DF, RT, OR, etc.) O. C. D. ARTESIA OFFICE		9. WELL NO. #2
		12. COUNTY OR PARISH Eddy		10. FIELD AND POOL, OR WILDCAT Fren 7-Rivers OGSA.
		13. STATE NM		

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
FRAC TREAT	☐	FRAC TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other)	☐
(Other) change of operator	☒		
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.)			

The parties listed below wish to notify this Commission of the change of operator for the well described above:

From: Socorro Petroleum Co.
PO Box 38
Loco Hills, NM 88255

TO: Avon Energy Corp.
PO Box 37
Loco Hills, NM 88255

RECEIVED
OCT 7 8 45 AM '91
CAND
ARENA

18. I hereby certify that the foregoing is true and correct		
SIGNED <u>[Signature]</u>	TITLE <u>Consultant</u>	DATE <u>10/01/91</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side