

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIPTS
OFFICE FOR THE
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(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 ☐		3. AREA CODE & PHONE No. 505/677-3223	
2. NAME OF OPERATOR Avon Energy Corp. ✓		8. FARM OR LEASE NAME Max Friess MA	
3. ADDRESS OF OPERATOR P.O. Box 37, Loco Hills, NM 88255		9. WELL NO. #4	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL & 660' FEL		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson, 7-4	
14. PERMIT NO. 30015-05471		15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3616' GR	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF ☐ PUMP OR ALTER CASING ☐ FRACTURE TREAT ☐ MULTIPLE COMPLETION ☐ SHOOT OR ACIDIZE ☐ ABANDON* ☐ REPAIR WELL ☐ CHANGE PLANN ☐ (Other) change of operator ☒ XX		SUBSEQUENT REPORT OF: WATER SHUT-OFF ☐ REPAIRING WELL ☐ FRACTURE TREATMENT ☐ ALTERING CASING ☐ SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐ (Other) ☐ (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
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 some pertinent to this work.)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 30-17S-31E	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

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OCT - 9 1991

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 Corporation
PO Box 37
Loco Hills, NM 88255

RECEIVED
OCT 7 8 45 AM '91
OCT 7 1991

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

SIGNED [Signature] TITLE Consultant

DATE 10-0491

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

*See Instructions on Reverse Side