

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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(Other instr
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Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-025604

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

FEDERAL BB

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Scroggin Draw Morrow

11. SEC. T. R. M., OR BLK. AND
SURVEY OR AREA

10, 18 S, 27 E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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.)

OIL ☐ GAS ☒ WELL ☒ OTHER

2. NAME OF OPERATOR

Petrus Oil Company, L. P.

3. ADDRESS OF OPERATOR

12201 Merit Drive, Suite 900 Dallas, Texas 75251

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

890' FNL and 2245' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE DEAN

Other

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

Other: Ownership Change

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 zones perti-
nent to this work.

EFFECTIVE 02-01-87, Petrus Oil Company, L. P. purchased the above described
property from Amoco Production Company. EFFECTIVE 03-01-87, Petrus tookover
the operations in the field.

RECEIVED
JUN 8 8 22 AM '87
CARLSBAD RESOURCE
AREA HEADQUARTERS

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

SIGNED

Suzanne Jordan

TITLE

Regulatory Coordinator

DATE

05-29-87

(This space for Federal or State office use)

Rafendra Giri

AREA MANAGER

APPROVED BY

TITLE

CARLSBAD RESOURCE AREA

DATE

6-9-87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side