

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

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

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different formation.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐
2. NAME OF OPERATOR
FROSTMAN OIL CORPORATION
3. ADDRESS OF OPERATOR
P.O. DRAWER W, ARTESIA, NM 88210
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
2080' FNL & 560' FEL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, OR, etc.)

5. LEASE DESIGNATION AND SERIAL NO.
LC-062404
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Hewitt Fed.
9. WELL NO.
2
10. FIELD AND POOL, OR WILDCAT
Travis Yates
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 20, T-18S, R-29E
12. COUNTY OR PARISH
Eddy
13. STATE
New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) CHANGE OF OPERATOR ☒

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(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 pertinent to this work.)*

This is to notify you that effective March 1, 1985 the operator of this well
changed from Forister & Sweatt to FROSTMAN OIL CORPORATION.

RECEIVED FOR RECORD

1985

SJS

EDDY, NEW MEXICO

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

SIGNED
Karen R. Peppard

TITLE
Production Clerk

DATE
10/29/87

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side