

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
BLM - CARLSBAD

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

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

25F

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-34461 ✓	
2. NAME OF OPERATOR George A. Denton		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 1252, Artesia, New Mexico 88210		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 330' FNL & 2310' FEL Sec. 21, T-18S., R-29E.		8. FARM OR LEASE NAME ARCO Federal ✓	
14. PERMIT NO.		9. WELL NO. #1 ✓	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3509' GR.		10. FIELD AND POOL, OR WILDCAT Loco Hills/On/GB/SA	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21, T-18S., R-29E. ✓	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	XX
(Other)	CHANGE OF OPERATOR		XX

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(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 zones pertinent to this work.) \*

Propose to change plans and NOT plug and abandon the above captioned well.

Propose to CHANGE OPERATOR from George A. Denton to Dennis Todd Tidwell, 809 South Haldeman Road, Artesia, New Mexico 88210.

RECEIVED

DEC 1 2 05 PM '88

CARLSBAD AREA OFFICE

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

George A. Denton / Dennis Todd Tidwell TITLE Operator

DATE 11/30/88

George A. Denton/Dennis Todd Tidwell  
(This space for Federal or State office use)

APPROVED BY CHIEF FEDERAL RESOURCES

TITLE

DATE 1-16-89

CONDITIONS OF APPROVAL, IF ANY:

\*Approval pertains only to change of plans to P&A; change of operator is pending appropriate bond coverage for Mr. Tidwell. (SJS)

\*See Instructions on Reverse Side