

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NM
OF COPIES REQUIRED
(Other instructions on re-
verse side)

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

45F

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 ☐

2. NAME OF OPERATOR
Avon Energy Corp.

3. ADDRESS OF OPERATOR
P.O. Box 38, Loco Hills, NM 88255

4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations.
See also space 17 below.)
At surface
30' FNL & 1350' FWL

5. PERMIT NO.

6. ELEVATIONS (Show whether DT, RT, GR, etc.)
3634' GR

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Turner "B" Fed.

9. WELL NO.
89

10. FIELD AND POOL, OR WILDCAT
Grayburg Jackson

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
29-17S-31E

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 ☐
FRACTURE TREAT ☐
ABANDON OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER Casing ☐
MULTIPLE COMPLETE ☐
ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
ABANDON OR ACIDIZING ☐
(Other) Set & Cmt. Surf. & Prod. Csg. ☒

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT ☐

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROMISED 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.)

12/30/90 Drld. to 605'. Ran 591.64' of 8-5/8" 24# J-55 csg. Cement w/465 sx.
Class "C" cmt. Circ. 29 sx. to pit.

1/09/91 Drld. to 3800'. Ran 3765.25' of 5-1/2" 17# J-55 csg. Cement
w/850 sx. LW + 675 sx. Class "C" cmt. Circ. 10 sx. to pit.

Adm

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

SIGNED Robert Setzler TITLE Consultant

DATE 1/14/91

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side