

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP DATE*
(Other instructions on reverse side)

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

c/sf

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"/>	RECEIVED BY FEB 16 1987 O. C. D. ARTESIA OFFICE
2. NAME OF OPERATOR Glen Plemons	
3. ADDRESS OF OPERATOR P. O. Box 965 Wolfforth, Texas	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Se$\frac{1}{4}$ NW$\frac{1}{4}$ of Sec 13 T19S R30E Unit Letter F 1650 FNL & 1750 FWL	

5. LEASE DESIGNATION AND SERIAL NO.

NM-025559

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 13

9. WELL NO.

#2

10. FIELD AND POOL, OR WILDCAT

Benson Yates East

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

Sec 13 T19S R30E NMPM

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

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 PLANS ☐

(Other) **Change of Operator**

☒

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 zones pertinent to this work.)*

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

SIGNED

[Signature]

TITLE

Operator

DATE

2-9-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

2-11-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side