

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions
verse side)

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

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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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Graham Royalty, Ltd. ✓	8. FARM OR LEASE NAME Foster Federal
3. ADDRESS OF OPERATOR 5429 LBJ Fwy, Suite 550, Dallas TX 75240	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 'FWL, 600 'FSL	10. FIELD AND POOL, OR WILDCAT Cemetery North (Atoka)
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 31-19S-25E
15. ELEVATIONS (Show whether DF, RT, JR, etc.) 3575 'KB	12. COUNTY OR PARISH Eddy
	13. STATE NM

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)

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PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANE

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SUBSEQUENT REPORT OF:

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

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REPAIRING WELL
ALTERING CASING
ABANDONMENT*

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(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.)*

Change of operator from BHP Petroleum
to Graham Royalty, Ltd.
effective 1/1/89.

RECEIVED

APR 26 12 03 PM '89

BUREAU OF LAND MGMT.

APPROVED FOR RECORD

APR 26 1989

CANISBAND, N. MEXICO

RECEIVED

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

SIGNED

[Signature]

TITLE Regulatory Affairs Supv. DATE 4-25-89

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side