

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(Other instructions
verse side)

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

215F

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	5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR	JUL 12 1991	NM 01119
3. ADDRESS OF OPERATOR		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1106 N. Country Club Carlsbad, NM 88220		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface		7. UNIT AGREEMENT NAME
2970' FSL & 990' FEL		8. FARM OR LEASE NAME
		Welch Yates C Federal
		9. WELL NO.
		(Riggs) 3
		10. FIELD AND POOL, OR WILDCAT
		Cedar Hills
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
		Sec 5-T21S-R27E, NMPM
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH
	3250' GL	EDDY
		13. STATE
		NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Change of Operator <input checked="" type="checkbox"/>			

(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.)

Notice of CHANGE OF OPERATOR, from George D. Riggs, P. O. Box 116,
Carlsbad, NM 88221 to:

Bill Taylor, Lease NM 01119, in T21S, R27E, NMPM:
Sec. 4: Lots 4,5,11,14, & W/2SW/4; and
Sec. 5: Lots 2,7,9,11,14,16, W/2SE/4, & W/2SW/4;
from the surface down to 700'.

Post ID-3
7-19-91
chg op &
will name

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

SIGNED Bill Taylor TITLE Operator DATE 7/1/91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side