

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

MAR 25 1992

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: September 30, 1990

SUNDRY NOTICES AND REPORTS ON WELLS

O. C. D.
ARTESIA OFFICE

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Water Injection Well (Fee Lease)	5. Lease Designation and Serial No FEE
2. Name of Operator S & J Operating Company	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 2249, Wichita Falls, Tx. 76307 (817)-723-2166	7. If Unit or CA. Agreement Designation Saladar Unit-14-08-001-016916
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) (Unit Letter L) 1650' FSL and 990' FWL Sec 33, T20S, R28E	8. Well Name and No Saladar Unit # 2(Fee)
	9. API Well No
	10. Field and Pool, or Exploratory Area Saladar
	11. County or Parish, State Eddy

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other	

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

13. 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 in operator from Barber Oil, Inc.
to S & J Operating Company

1992

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

Signed <u>William M. Kincaid</u>	Title <u>Petroleum Engineer</u>	Date <u>5-31-91</u>
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(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any.