

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR  
(Other Instructions  
reverse side)

DATE  
ON FILE

Budget Bureau No. 1-001  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO

NM-17095

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

GOVERNMENT D A/C 1

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

FENTON-DELAWARE, ARD

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

SEC. 12, T21S, R27E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

1. WELL ☒ WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Petrus Oil Company, L. P.

3. ADDRESS OF OPERATOR

ARTISIA, OFFICE

12377 Merit Drive, Suite 1600 Dallas, Texas 75251

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

See also space 17 below.)

At surface

Unit letter F, 1930' FNL and 1980' FWL  
of Section 12

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, GR, etc.)

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

NOTICE OF INTENTION TO

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PLUG OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRAC TURE TREAT

MULTIPLE COMPLETE

FRAC TURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDON\*

SHOOTING OR ACIDIZING

ABANDONMENT\*

SEALING

SEALING

OTHER

Ownership change

XX

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

17. GENERAL NOTES (If completed, include a description of the well, including state of pertinent details, and give pertinent dates, including estimated date of starting any  
proper work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones perti-  
nent to the well.)

Effective June 1, 1988, Petrus Oil Company, L. P. acquired the above property  
from Mobil Producing TX & NM Inc.

ACCEPTED FOR RECORD

JUL 14 1988

CARLEAD, NEW MEXICO

CARLEAD, NEW MEXICO

JUL 20 11 02 AM '88

RECEIVED

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

SIGNED

Suzann Welch

TITLE Regulatory Coordinator

DATE 07-14-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side