

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NMMP
OF COPIES REQUIRED
(Other instructions on re-
verse side) RECEIVED

BLM Roswell District
Modified Form No.
NM060-3160-4

5. LEASE DESIGNATION AND SERIAL NO.
NM-0514349A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS JUN 13 1991

(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 ☐ GAS WELL ☒ OTHER ☐		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Asher Oil Company		8. FARM OR LEASE NAME Western Reserve Fed	
3. ADDRESS OF OPERATOR P.O. Box 423 Artesia NM 88210		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 ULK, 2929 FNL, 1980 FWL, Sect. 4, T-21-S, R-26-E		10. FIELD AND POOL, OR WILDCAT Avalon Morrow	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3208 GR	
		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

RIHOOT OR ACIDIZING

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 Texaco Producing Inc, P.O. Box 728 Hobbs NM, 88240. To Asher Oil Company.

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

SIGNED

Thom Conner

TITLE

Partner

DATE

6-10-91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: