

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE  
(Other, instruct  
verse side)

CATE  
OR

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

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.)

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Bledsoe Petro Corp.

3. ADDRESS OF OPERATOR

3908 N. Peniel, Suite 200, Bethany, OK. 73008

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface

NW/4 SE/4 Sec 31-T20S-R27E

14. PERMIT NO.

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

RECEIVED

JUN 28 '89

O. C. D.  
ARTESIA, OFFICE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Coquina Federal

9. WELL NO.

# 1

10. FIELD AND POOL, OR WILDCAT

Avalon Strawn Gas

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

Sec 31-T20S-R27E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

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)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON\*

CHANGE PLAN

XX

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 perti-  
nent to this work.)

Change of Operator

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

SIGNED

*[Signature]*

TITLE Production Clerk

DATE 6/19/89

(This space for Federal or State office use)

APPROVED BY

*[Signature]*

FOR:

TITLE

DATE 6-27-89

\*See Instructions on Reverse Side