

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Alamosa, NM 88210

SUBMIT IN TRI
(Other instructions on re-
verse side)

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

468

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. NAME OF OPERATOR Bledsoe Petro Corp. ✓	2. ADDRESS OF OPERATOR 3908 N. Peniel, Suite 200, bethany, OK. 73066 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NW/4 NE 1/4 Sec 31-T20S-R27E	3. LEASE DESIGNATION AND SERIAL NO. NM 0400512	4. IF INDIAN, ALLOTTEE OR TRIBE NAME	5. UNIT AGREEMENT NAME	6. FARM OR LEASE NAME Wagner Federal	7. WELL NO. # 1	8. FIELD AND POOL, OR WILDCAT Avalon Strawn Gas	9. SEC., T., R., E., M., OR BLK. AND SURVEY OR AREA Sec 31-T20S-R27E	10. COUNTY OR PARISH Eddy	11. STATE New Mexico
--	--	---	--------------------------------------	------------------------	---	--------------------	--	--	------------------------------	-------------------------

JUN 28 '89

O. C. D.

ARTESIA, OFFICE

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 PLANS

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 pertinent to this work.)

Change of Operator

RECEIVED

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

SIGNED

TITLE Production Clerk

DATE 6/19/89

(This space for Federal or State office use)

APPROVED BY

FOR: CHIEF, MINERAL RESOURCES

DATE 6-21-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side