

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

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

5. Lease Designation and Serial No.

NM-0400512R

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Mineral Technologies, Inc.

3. Address and Telephone No.

P.O. Box 5823 Midland, Texas 79704 (915)685-3520

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

990' FNL 1980' FEL, Sec 31, T-20-S, R-27-E

8. Well Name and No.

Wagner Federal 01

9. API Well No.

30-0-15-21533

10. Field and Pool, or Exploratory Area

Avalon Strawn

11. County or Parish, State

Eddy County, NM

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

TYPE OF SUBMISSION

☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Change of Operator
2-1-96

☐ Change of Plan
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(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 OF OPERATOR FROM

Synergex, Inc. to Mineral Technologies, Inc.

STATEMENT ACCEPTING RESPONSIBILITY FOR OPERATIONS

The undersigned accepts all applicable terms, conditions, stipulations, and restrictions concerning operations conducted on the leased land or portion thereof, as described below:

BOND COVERAGE: \$25,000- State Federal

BLM BOND FILE NO: NM 2365

RECEIVED

APR 01 1996

OIL CON. DIV.

DIST. 2

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

Signed Carte D Copeland Title President

Date 2/1/96

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: