| | | ITED STATES | NM OIL CONSCIONMEDSCON |
|---|---|--|---|
| (June, 1990) | DEPAR | NT OF THE INTERIOR | Drawer DBudget Burseu No. 1004-0135 |
| | | LAND MANAGEMENT | Artesia, et a and a and a second |
| SI | | SAND REPORTS ON WELLS | 5. Lesse Designation and Serial No. |
| | | drill, or to deepen or reentry to a different reservoir | NM 46275 |
| | | PERMIT | 6. 2 Indian, Allotte or Tribe Name |
| | | T IN TRIPLICATE | |
| 1. Type of Well | <u> </u> | | 7. If Unit or CA, Agreement Designation CA NM-84621 |
| Oil Well | X Gas Well | Other' | 8. Well Name and No. |
| 2. Name of Operator | | Christine Pickart | Burton Federal Comm No. 1 |
| Presidio Explora | ation, Inc. | Phone: (303) 850-1824 | 9. API Well No. |
| 3. Address and Telephone | No. | | 30-015-24158 |
| 5613 DTC Parky | way, Ste 750, P.O. Bo | x 6525, Englewood, CO 80155-6525 | 10. Field and Pool, or Exploratory Area |
| Location of Well (Footag | | | Burton Flat - Atoka LAS |
| 1917' FNL & 660 | 0' FWL | | 11. County or Parish, State |
| Section 1-T21S | S-R27E | | Eddy County, NM |
| 2. CHECK APPI | ROPRIATE BOX(=) TO | INDICATE NATURE OF NOTICE, REPO | RT, OR OTHER DATA |
| TYPE OF SUBMISSION | | TYPE OF ACTION | |
| <u> </u> | | Abendonment | Change of Plans |
| Notice of Intent | | Recompletion | New Construction |
| | | Plugging Back | Non-Routine Fracturing |
| Subsequent Rep | ort | Casing Repair | Water Shut-Off |
| · · · | | | |
| | | Altering Casing | Conversion to Injection |
| Final Abandonm | ent Notice | Atering Casing X Other: CHANGE OF OPERATOR | Conversion to Injection Dispose Water |
| Final Abandonm | ent Notice | | |
| 3. Describe Proposed or Comple | ted Operations (Clearly state a | | Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form). timated date of starting any proposed work. |
| 3. Describe Proposed or Complet If well is directionally drilled, give as required by 43 CFR 3 eferenced well. residio Exploration, Inc. | ted Operations (Clearly state al e subsurface locations and me 100.0-5(a) and 43 Cl ., as new operator, ac | X Other: CHANGE OF OPERATOR If pertinent details, and give pertinent dates, including early resured and true vertical depths for all markers and zones FR 3162.3, we are notifying you of a char ccepts all applicable terms, conditions, s | Dispose Water (Note: Report results of multiple completion on Wall Completion or Recompletion Report and Log form). timated date of starting any proposed work. a pertinent to this work.)* ange of Operator on the above CEIVED |
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