

(June, 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OLD
Drawer DD FORM APPROVED
Artesia, NM 88210
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

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Christine Pickart
Presidio Exploration, Inc. Phone: (303) 850-1824

3. Address and Telephone No.

5613 DTC Parkway, Ste 750, P.O. Box 6525, Englewood, CO 80155-6525

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

1392.3' FNL & 1980' FWL
Section 1-T21S-R27E

5. Lease Designation and Serial No.

NM 40256

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Stott Federal No. 2

9. API Well No.

30-015-24838

10. Field and Pool, or Exploratory Area

Avalon Bone Springs East

11. County or Parish, State

Eddy County, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other: CHANGE OF OPERATOR
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> 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.)*

As required by 43 CFR 3100.0-5(a) and 43 CFR 3162.3, we are notifying you of a change of Operator on the above referenced well.

Presidio Exploration, Inc., as new operator, accepts all applicable terms, conditions, stipulations and restrictions concerning operations conducted on the lease or portion of lease described.

Presidio Exploration, Inc. meets Federal bonding requirements as follows (43 CFR 3104)

Bond Coverage: \$25,000

Insurance Company: United States Fire Insurance Company

BLM Bond File No.: 6101907849

The effective date of this change is March 1, 1995 at 7:00 am MDT.

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

Signed: Christine Pickart Title: Engineering Technician

Date: February 28, 1995

Christine Pickart

(This space for Federal or State office use)

Approved by: _____

Title: _____

Date: _____

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

* See Instructions on Reverse Side