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	DEPAR ENT OF T		Art	6518 Budget Bureau No. 1004-0135
Ľ	BUREAU OF LAND N	MANAGEMENT		Expires: March 31, 1993
SHNDD		PEROPTE ON MELLO		5. Lease Designation and Serial No.
		REPORTS ON WELLS		NM 40256
		deepen or reentry to a different reservoir	•	6. If Indian, Allotte or Tribe Name
Use APP	PLICATION FOR PERMIT			
	SUBMIT IN TR	IPLICATE		7. If Unit or CA, Agreement Designation
1. Type of Well X Oil Well				
	Gas Well	Other	-+/	8. Well Name and No.
2. Name of Operator	Christine Pickart			Stott Federal No. 3
Presidio Exploration, Inc. Phone: (303) 850-1824				9. API Well Na.
3. Address and Telephone No. 5613 DTC Parkway, Ste 750, P.O. Box 6525, Englewood, CO 80155-6525				30-015-24839
	10. Field and Pool, or Exploratory Area			
Location of Well (Footage, T, R,	Avalon Bone Springs East			
2912.3' FNL & 1980' FW		11. County or Parish, State		
Section 1-T21S-R27E				Eddy County, NM
2. CHECK APPROPRIA	TE BOX(s) TO INDICA	TE NATURE OF NOTICE, REPO	RT, OR O	THER DATA
TYPE OF SUBMISSION		TYPE OF ACTION		
		Abandonment		Change of Plans
Notice of Intent		Recompletion		New Construction
		Plugging Back		Non-Routine Fracturing
Subsequent Report		Casing Repair		Water Shut-Off
		Altering Casing		Conversion to Injection
Final Abandonment Notice	X	Other: CHANGE OF OPERATOR		Dispose Water
		OTHER OF OPERATOR		
3. Describe Proposed or Completed Operation	ions (Clearly state all pertinent	details, and give pertinent dates, including est	Complet	aport results of multiple completion on Well ion or Recompletion Report and Log form). starting any proposed work.
3. Describe Proposed or Completed Operations If well is directionally drilled, give subsurfactions of the subsurfaction of the subsurfa	ions (Clearly state all pertinent ce locations and measured and	details, and give pertinent dates, including est true vertical depths for all markers and zones	Complet imated date of pertinent to th	aport results of multiple completion on Well Ion or Recompletion Report and Log form). starting any proposed work. is work.)*
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