

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other Instructions on reverse side)

Budget Bureau No. 4-104-
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a discovery reservoir. Use "APPLICATION FOR PERMIT" for such proposals.)

1. WELL ☒ WELL ☐ OTHER ☐
2. NAME OF OPERATOR Petrus Oil Company, L. P.
3. ADDRESS OF OPERATOR 12377 Merit Drive, Suite 1600 Dallas, Texas 75251
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface Unit better G, 1554' FNL and 1980' FEL of Section 4
14. PERMIT NO. _____ 15. ELEVATIONS (Show whether OF, RT, GR, etc.) _____

5. LEASE DESIGNATION AND SERIAL NO. NM - 17095
6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____
7. UNIT AGREEMENT NAME _____
8. FARM OR LEASE NAME Government D A/c 2
9. WELL NO. 4
10. FIELD AND POOL, OR WILDCAT Fenton-Delaware, NW
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1, T21S, R27E
12. COUNTY OR PARISH Eddy 13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	PUMP OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR	CHANGE	Ownership change	XX

NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.

17. DESCRIBE PROPOSED OR COMPLETE OPERATION. (Include 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 the work.)

Effective June 1, 1988, Petrus Oil Company, L. P. acquired the above property from Mobil Producing TX & NM Inc.

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

SIGNED Suzann Welch Suzann Welch TITLE Regulatory Coordinator DATE 07-14-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
JUL 20 11 04 AM '88
OAH
AREA