

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

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 different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM94154	
2. NAME OF OPERATOR FAMCOR OIL, INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME 10-2834	
3. ADDRESS OF OPERATOR 7373 N. SCOTTSDALE RD., STE. 223-D, SCOTTSDALE, AZ 85253		7. UNIT AGREEMENT NAME ---	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990' FSL and 990' FWL of Sec. 1 (SW/SW)		8. FARM OR LEASE NAME Burton Flat E Federal	
14. PERMIT NO. 30-015-25135		9. WELL NO. 2	
15. ELEVATIONS (Show whether Dr, RT, CR, etc.) 3194' GR		10. FIELD AND POOL, OR WILDCAT NW FENTON DELAWARE	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1, T21S, R37E	
		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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Set Csg. & FRR <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

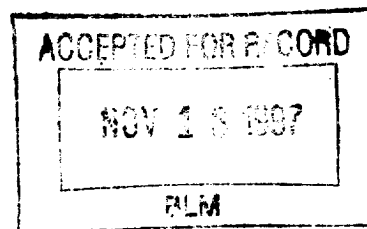
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

3-12-85: Set 1st plug @ 5365', strapping in hole.

3-13-85: Pumped 1st plug w/ 100 sx C1C 5043-5378'. Pumped 2nd plug w/ 150 sx C1C 3719-4166'. Set 90 jts., 5-1/2", 15.5# K-Short & 14# K-Short set @ 3629'. Cmt. w/ 660 sx C1C.

3-14-85: FRR 9 a.m.

\*\*\*\*CHANGE OF OPERATOR ONLY\*\*\*\*



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

SIGNED <u>[Signature]</u>	TITLE SECRETARY/TREASURER	DATE 10/8/97
(This space for Federal or State office use)		

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side