

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR
(Other Side)
(Reverse side)

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ON

Budget Bureau No. 1004-1
Expires August 31, 1985
4/5F

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. NAME OF OPERATOR ☒ WELL ☐ WELL ☐ OTHER
2. ADDRESS OF OPERATOR
Petrus Oil Company, L. P. ✓
3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below)
At surface
Unit letter R, 2310 FSL and 2310 FCL of Sec. 1.
4. PERMIT NO.
5. ELEVATIONS (Show whether DF, RT, GR, etc.)

JUL 25 '88

O. C. D.

ARTESIA, OFFICE

Dallas, Texas 75251

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.

5

10. FIELD AND POOL, OR WILDCAT

AVALON-BONE SPRING, EAST

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 1, T21S, R27E

12. COUNTY OR PARISH 13. STATE

Eddy

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

PULL 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

OWNER

Ownership change

XX

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. (If operation is directional, give 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 operation.)

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

ACCEPTED FOR RECORD

JUL 21 1988

CARLSBAD, NEW MEXICO

JUL 20 11 02 AM '88
CARLSBAD
AREA HEADQUARTERS

RECEIVED

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