

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR
(Other instruct
verse side)

Budget Bureau No. 1001-1
Expires August 31, 1985

C/SF

SUNDRY NOTICES AND REPORTS ON WELLS

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

RECEIVED

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 Letter W, 660' FSL and 1980' FEL
of Section 1

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, 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

9. WELL NO.

7

10. FIELD AND POOL, OR WILDCAT

AVARON 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

FRAC TREATMENT

MULTIPLE COMPLETION

FRAC TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR

CHANGE

OWNERSHIP

Ownership change

XX

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

17. DESCRIBE DEEPEST OR COMPLETE OPERATION. (Include state and 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.

ACCEPTED FOR RECORD

JUL 11 1988

CARLSBAD, NEW MEXICO

JUL 20 11 03 AM '88
CARLSBAD AREA HEADQUARTERS

RECEIVED

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

SIGNED

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