

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
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"/>		NM OIL CONS COMMISSION	
2. NAME OF OPERATOR Bill Taylor		Drawer DD Artesia, NM 88210	
3. ADDRESS OF OPERATOR 1106 N. Country Club, Carlsbad, NM 88220		UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  2310' FSL & 1650' FEL		8. FARM OR LEASE NAME Welch Federal	
14. PERMIT NO.		9. WELL NO. Taylor-8-300152708	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3294' GL		10. FIELD AND POOL, OR WILDCAT Cedar Hills Yates	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 5-T21S-R27E, NMMPM	
		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 XX <input checked="" type="checkbox"/>	(Other) <input 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.) \*

Written confirmation is hereby made of a change in drilling plans:  
Due to water in the hole, a 5 1/2" Drilling Liner will be run and mudded in to allow evaluation of potential oil zones below present depth of 538'.

If commercial production is located, the 5 1/2" Drilling Liner will be pulled and replaced to the most beneficial depth; or in the alternative, lifted to allow the hole to be flushed, then reset; prior cementing casing.

Procedure was approved by phone conversation with BLM engineering personnel on 1/6/94.

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

SIGNED <u>Bill Taylor</u>	TITLE <u>Operator</u>	DATE <u>1/9/94</u>
---------------------------	-----------------------	--------------------

(This space for Federal or State office use)

APPROVED BY <u>Orig. Signed by Shannon J. Shaw</u>	TITLE <u>PETROLEUM ENGINEER</u>	DATE <u>1/31/94</u>
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side