

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRAIL  
(Other instructions on  
reverse side)

Form approved.  
Budget Bureau No. 1004--0135  
Expires August 31, 1985

4/58

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 94-000961 114-0100958	
2. NAME OF OPERATOR Bledsce Petro Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 3908 N. Peniel, Suite 200, Bethany, OK. 73008		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 660' FN & 660' FWL		8. FARM OR LEASE NAME Dark Canyon	
14. PERMIT NO.		9. WELL NO. #1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT Rock Tank Morrow	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 18-T23S-R25E	
		12. COUNTY OR PARISH Eddy	
		13. STATE New Mexico	

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JUN 28 '89

O. C. D.  
ARTESIA, OFFICE

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	PULL OR ALTER CASING
FRACTURE TREAT	MULTIPLE COMPLETE
SHOOT OR ACIDIZE	ABANDON*
REPAIR WELL	CHANGE PLANT
(Other)	XX

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING	ABANDONMENT*
(Other)	

(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.)

Change of Operator

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

SIGNED *Linda June*

TITLE Production Clerk

DATE 6/19/89

(This space for Federal or State office use)

APPROVED BY *Shirley J. Shaw*  
CONDITIONS OF APPROVAL, IF ANY:

FOR CHIEF, MONTANA DISTRICT

DATE 6-27-89

\*See Instructions on Reverse Side