

RECEIVED

BLM

Form 9-331
Dec. 1979 30 JAN '89

Form Approved
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

CFC
AGE

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 Form 9-331-C for such proposals.)

RECEIVED

1. oil well gas well other

2. NAME OF OPERATOR
LANEXCO, INC.

JUL 07 '89

3. ADDRESS OF OPERATOR

P.O. BOX 1206 Jal, NM 88252

O. C. D.

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1986' FNL & 330' FEL

AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
PULL OR ALTER CASING
MULTIPLE COMPLETE
CHANGE ZONES
ABANDON*
(other) _____

5. LEASE

NM 0558959

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

H

8. FARM OR LEASE NAME

BR 4 FEDERAL

9. WELL NO.

3

10. FIELD OR WILDCAT NAME

WASHINGTON RANCH DELEWARE

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4; T 26S; R.24E

12. COUNTY OR PARISH

EDDY

13. STATE

NM

14. API NO.

30-015-20815

15. ELEVATIONS (SHOW DF, KDB, AND WD)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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 from ALPHA TWENTY-ONE PRODUCTION COMPANY to LANEXCO, INC.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED [Signature] TITLE Exec. Vice Pres. DATE 1/10/89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: