

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Doyle E. Baxter

3. ADDRESS OF OPERATOR

P.O. Box 1328 Bloomfield, N.M. 87413

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

14. PERMIT NO.

30-034-05272

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6934 DF

5. LEASE DESIGNATION AND SERIAL NO.

SF-080107

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

ZANOTTI

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

ESCR. TO Lybrook Gallup

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

34-24N-7W

12. COUNTY OR PARISH 13. STATE

Rio Arriba NEW MEXICO

16. 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 PLANS

(Other) CHANGE OPERATOR

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 Operator from SOROCO, INC to operator listed above.



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

SIGNED

Doyle E. Baxter

TITLE PRESIDENT

DATE 6-01-00

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

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JUN - 5 2000

*See Instructions on Reverse Side

FARMINGTON DISTRICT OFFICE