

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.
NM 31198

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
COPELAN FEDERAL #1

9. API Well No.

10. Field and Pool, or Exploratory Area

11. County or Parish, State
EDDY, NEW MEXICO

SUBMIT IN TRIPLICATE

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
WILLIAM B. BARNHILL (OLD - TIERRA OIL COMPANY)

3. Address and Telephone No.
PO Box 700968, San Antonio, TX 78270-0968 (210)497-7410

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
19S, 25E, 5SESW
660' FSL, 1980' FWL

12 CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>CHANGE OF OPERATOR</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13 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.)*

As required by 43 CFR 3100.0-5(a) and 43 CFR 3162.3 we are notifying you of a change of operator on the above referenced lease.

William B. Barnhill, as new operator, accepts all applicable terms, conditions, stipulations and restrictions concerning operations conducted on the lease or portion of lease described.

William B. Barnhill meets federal bonding requirements as follows (43 CFR 3104):

Bond Coverage: Statewide

BLM Bond File No.: NM0090

APR 01 1996

The effective date of this change is 04/01/1992

OIL CON. DIV.

James

RECEIVED
MAR 9 8 34 AM '96
OIL CON. DIV.
DIST. 2

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

Signed William B. Barnhill Title OFFICE MANAGER Date 2/29/96

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: