

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB NO. 1004-0135  
Expires: November 30, 2000

CISF

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or re-enter an abandoned well. Use Form 3160-3 (APD) for such purposes.

**NM Oil Cons. Division**  
811 S. 1st Street  
Artesia, NM 88210-2834

**SUBMIT IN TRIPLICATE - Other instructions on reverse side**

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMO48342
2. Name of Operator Mission Resources Corporation		6. If Indian, Allottee or Tribe Name
3a. Address 1331 Lamar, Suite 1455; Houston, Texas 77010-3039	3b. Phone No. (include area code) 713/495-3000	7. If Unit or CA/Agreement, Name and/or N/A
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1650' FSL & 1650' FWL of Section 33 T16S-R28E		8. Well Name and No. Coit 33 Federal #1 Com
		9. API Well No. 30-015-31231
		10. Field and Pool, or Exploratory Area Crow Flat; Morrow; Wildcat
		11. County or Parish, State Eddy NM

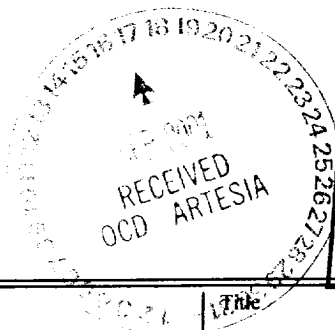
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>Operator</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<u>Name Change</u>
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 day following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

Effective June 1, 2001 the operator of this well changed from BELLWETHER EXPLORATION COMPANY to MISSION RESOURCES CORPORATION.

Be advised that Mission Resources Corporation is considered to be the operator on the above described lands and is responsible under the terms and conditions of the lease for the operations conducted on the leased lands or portions thereof. Bond coverage for this well is provided by Reliance Insurance Company Bond No. B2656947 (BLM #CA0296).



14. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed) Stephen W. Turk  
*[Signature]*  
Title Operations Manager  
Date 07/02/01

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by	Title	Date
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office	

BUREAU OF LAND MGMT.  
ROSWELL OFFICE

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