

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on
reverse side)

Modified Form No.

11160-3160-4

dsr

5. LEASE DESIGNATION AND SERIAL NO.

LC 048491-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Saunders A

9. WELL NO.

7

10. FIELD AND POOL, OR WILDCAT

Empire Yates SR

11. SEC., T., R., M., OR BLK. AND
SURVEY OR ARMA

Sec. 13-T17S-R27E

12. COUNTY OR PARISH 13. STATE

Eddy

N.M.

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR Happy Oil Co., Inc. 3a. Area Code & Phone No.
(505) 746-2262

3. ADDRESS OF OPERATOR P.O. Box 770, Artesia, NM 88210

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

330 FNL 1650 FEL

JUN 13 '90

C. C. D.

ARTESIA, OFFICE

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Change of operator

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 perti-
nent to this work.) *

This is to change operator from Marbob Energy Corporation, P.O. Drawer 217,
Artesia, NM 88210, to Happy Oil Co, Inc., effective June 1, 1990.

RECEIVED
JUN 12 10 51 AM '90
OAS
ARL
SOS

ACCEPTED FOR RECORD

CARLSBAD, NEW MEXICO

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

SIGNED Warren Hanson

TITLE Agent

DATE 6-8-90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side