

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING -
OFFICE FOR NAME
OF COPIES REQUIRED
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NM60-3160-4

clsf

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		CHANGE OF OPERATOR	
2. NAME OF OPERATOR Avon Energy Corp.		3a. Area Code & Phone No. 505/677-3223	
3. ADDRESS OF OPERATOR P.O. Box 37, Loco Hills, NM 88255		8. FARM OR LEASE NAME Turner "B"	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FS1 & 1980' FEL		9. WELL NO. 18	
14. PERMIT NO. 3001505290		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3685' DF	
10. FIELD AND POOL, OR WILDCAT Fren Seven Rivers		11. SEC., T., R., M., OR BLM, AND SURVEY OR ARMA 20-T17S-R31E	
12. COUNTY OR PARISH Eddy		13. STATE NM	

RECEIVED
JUL 12 1991
O. C. D.
ARTERIA OFFICE

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Change of Operator	<input checked="" type="checkbox"/>		

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

17. DESCRIBE PROMISED 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.)*

The parties listed below wish to notify this Commission of the change of operator for the well described above.

From: Socorro Petroleum Company
P.O. Box 38
Loco Hills, NM 88255

To: Avon Energy Corp.
P.O. Box 37
Loco Hills, NM 88255

ST

Part ID-3
7-19-91
chp ap

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

SIGNED [Signature] TITLE Consultant DATE 7/10/91

(This space for Federal or State office use)

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

*See Instructions on Reverse Side