

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.
ND60-3160-4

458

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		34. Area Code & Phone No. 505/677-3223	
2. NAME OF OPERATOR Avon Energy Corp.		8. FARM OR LEASE NAME Turner "B"	
3. ADDRESS OF OPERATOR P.O. Box 37, Loco Hills, NM 88255		9. WELL NO. 39	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FNL & 1650' FEL		10. FIELD AND POOL, OR WILDCAT Fren Seven Rivers	
14. PERMIT NO. 3001505309		15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3691' DF	
16. PERMIT NO.		18. STATE NM	

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

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) Change of Operator	<input checked="" type="checkbox"/>
(Other)	<input 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

SI

Post ID-3
7-19-91
chg op

ACCEPTED FOR RECORD

JUL 11 1991

ALBUQUERQUE, NEW MEXICO

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

SIGNED <u>[Signature]</u>	TITLE <u>Consultant</u>	DATE <u>7/10/91</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side