

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION
Artesia, NM
Approved
Budget Bureau No. 1004-0135
Expires: March 31, 1993

4/31

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.
NMNM54184

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Dunn "B" Federal #11

9. API Well No.
30-015-01807

10. Field and Pool, or Exploratory Area
Artesia, (Queen Grayburg)S

11. County or Parish, State
Eddy, NM

SUBMIT IN TRIPLICATE

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
Chuza Operating

3. Address and Telephone No.
c/o Box 953, Midland, Texas 79702

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
**330'FSL & 330'FWL
 Sec. 10, T-18-S, R-28-E Unit letter M**

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 checked="" 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 or 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 3162.3-3, I am notifying you of a change of operator on the above referenced lease.

RECEIVED

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

Chuza Operating meets federal bonding requirements (43 CFR 3104):
 Bond Coverage: Statewide
 BLM Bond File No.: NM2147

OIL CON. DIV.
DIST. 2

The effective date of this change is Jan. 1, 1995.

RECEIVED
APR 3 8 47 AM '95
 CARLSBAD
 AREA HEADQUARTERS

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

Signed *[Signature]* Title Regulatory Agent Date 3-31-95

(This space for Federal or State office use)

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

Title 18 U.S.C. Section 1001 makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction