

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Expires August 31, 1985

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"/> 806-358-0181	5. LEASE DESIGNATION AND SERIAL NO. NM-0557836-A
2. NAME OF OPERATOR Bison Petroleum Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Communization Agreement
3. ADDRESS OF OPERATOR 5809 S. Western Suite 200, Amarillo, Texas 79110-3626	7. UNIT AGREEMENT NAME NM061P35-87C418
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 660' FEL, Sec. 13 T9S R33E Lea County, NM Unit H	8. FARM OR LEASE NAME DeSchmidt Federal
14. PERMIT NO.	9. WELL NO.
15. ELEVATIONS (Show whether OF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT Vada Penn
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13 T9S R33E
	12. COUNTY OR PARISH Lea County
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) Change of well status ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

(Other) ☐

(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 pertinent to this work.)*

Under previous economic market conditions well was uneconomical to operate. Market has improved, thus requesting change of status to POW.

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

SIGNED

TITLE Administrative Secretary

DATE 12-11-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

DEC 21 1989

OCD
HOBBS OFFICE