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UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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MAR 31 12:4 PM '93

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

S & J OPERATING COMPANY

3. Address and Telephone No

P O BOX 2249, WICHITA FALLS, TEXAS 76307 (817) 723-2166

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660' FNL & 1980' FEL

SECTION 26 (NWNE) T14S, R37E

Unit 8

5. Lease Designation and Serial No

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8910087390

8. Well Name and No.

DENTON NORTH WOLFCAMP UT
TR 15 WELL #2

9. API Well No.

3002505136 30 025 05136

10. Field and Pool, or Exploratory Area

DENTON WOLFCAMP

11. County or Parish, State

LEA, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

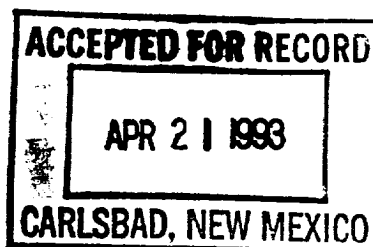
TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other CHANGE API #
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

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.)

THIS WELL IS ON FEE LAND IN NEW MEXICO BUT IS PART OF THE DENTON NORTH WOLFCAMP UNIT. EVELYN DOWNS OF THE NM OIL CONSERVATION COMMISSION HAS RECENTLY ADVISED US OF CORRECTED API NUMBER. THE API # FOR THIS WELL SHOULD BE 3002505136.

PLEASE ADVISE OF WHAT PRODUCTION MONTH I SHOULD CHANGE MY RECORDS TO REFLECT THE NEW API NUMBER TO COORDINATE WITH MMS.



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

Signed

[Signature]

Title

PRODUCTION MANAGER

Date

3-29-93

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date