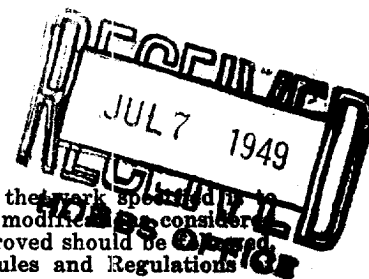


NEW MEXICO OIL CONSERVATION COMMISSION

SANTA FE, NEW MEXICO

MISCELLANEOUS NOTICES



Submit this notice in triplicate to the Oil Conservation Commission or its proper agent before the work specified begins. A copy will be returned to the sender on which will be given the approval, with any modifications considered advisable, or the rejection by the Commission or agent, of the plan submitted. The plan as approved should be followed and work should not begin until approval is obtained. See additional instructions in the Rules and Regulations of the Commission.

Indicate nature of notice by checking below:

NOTICE OF INTENTION TO TEST CASING SHUT-OFF		NOTICE OF INTENTION TO SHOOT OR CHEMICALLY TREAT WELL	
NOTICE OF INTENTION TO CHANGE PLANS		NOTICE OF INTENTION TO PULL OR OTHERWISE ALTER CASING	
NOTICE OF INTENTION TO REPAIR WELL		NOTICE OF INTENTION TO PLUG WELL	
NOTICE OF INTENTION TO DEEPEN WELL		Notice to change lease name	

J. L. New Mexico

July 6, 1949

Place

Date

OIL CONSERVATION COMMISSION,
Santa Fe, New Mexico.

Gentlemen:

Following is a notice of intention to do certain work as described below at the

R. Olson Oil Company Barkeys Well No. 1 in C No 30
Company or Operator Lease
of Sec. 26, T. 21N, R. 57E, N. M. P. M., San Jose Field.
Lea County.

FULL DETAILS OF PROPOSED PLAN OF WORK

FOLLOW INSTRUCTIONS IN THE RULES AND REGULATIONS OF THE COMMISSION

The purpose of this notice is to change the name of this test from Barkeys #1 to Cone. This is a farmout from the Gulf Oil Corporation and this is the way the Gulf Oil Corporation has asked us to carry the well.

Approved _____, 19____
except as follows: JUL 7 1949

OIL CONSERVATION COMMISSION,
By Boyd Young
Title Oil & Gas Inspector

R. Olson Oil Company
Company or Operator
By J. P. Radcliffe
Position _____
Send communications regarding well to
Name R. Olson Oil Company
Address Denver 2, Col. N. M.

THE UNITED STATES OF AMERICA
DO hereby certify that
[Name] is a citizen of the United States of America.

Witness my hand and the seal of the Department of State at Washington, D.C., this [Date] day of [Month], 19[Year].

Secretary of State
[Signature]
[Name]
Secretary of State
[Signature]
[Name]
Secretary of State
[Signature]
[Name]

Attest:
[Signature]
[Name]
Assistant Secretary of State

For the Secretary of State:
[Signature]
[Name]
Assistant Secretary of State

For the Secretary of State:
[Signature]
[Name]
Assistant Secretary of State

For the Secretary of State:
[Signature]
[Name]
Assistant Secretary of State

For the Secretary of State:
[Signature]
[Name]
Assistant Secretary of State

For the Secretary of State:
[Signature]
[Name]
Assistant Secretary of State

For the Secretary of State:
[Signature]
[Name]
Assistant Secretary of State

For the Secretary of State:
[Signature]
[Name]
Assistant Secretary of State

For the Secretary of State:
[Signature]
[Name]
Assistant Secretary of State

For the Secretary of State:
[Signature]
[Name]
Assistant Secretary of State