

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM Cons
P 1980
Hobbs. NM 88241

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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM 81633
2. Name of Operator Penwell Energy, Inc.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 600 N. Marienfeld, Ste. 1100, Midland, Texas 79701	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980' FSL & 1980' FEL, Sec. 24, T22S, R32E	8. Well Name and No. Checkers "24" Federal #1
	9. API Well No. 30-025-32945
	10. Field and Pool, or Exploratory Area Red Tank Bone Spring
	11. County or Parish, State Lea County, New Mexico

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input 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 Chg. operator & well name
	<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 on 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.)*

THIS IS TO NOTIFY YOU OF OPERATOR AND WELL NAME CHANGE, AS FOLLOWS:

FORMER NAME: CHECKMATE "24" FEDERAL #1

NEW NAME: CHECKERS "24" FEDERAL #1

FORMER OPERATOR: BURLINGTON RESOURCES OIL & GAS COMPANY

NEW OPERATOR, EFFECTIVE JULY 30, 1997: PENWELL ENERGY, INC.

APPROVED

AUG 26 1997

AUTHORIZED OFFICER, MINERALS
BUREAU OF LAND MANAGEMENT

RECEIVED
1997 AUG - 1 P 12:00
BUREAU OF LAND MGMT.
CARLSBAD RESOURCE AREA

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

Signed Brenda Giffman Title Regulatory Analyst

Date 07/30/97

(This space for Federal or State office use)

Approved by _____

Conditions of approval, if any: _____

Title _____

Date _____

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.

*See Instruction on Reverse Side