

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI. DATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 1004-0125  
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  GAS WELL  OTHER

2. NAME OF OPERATOR  
Tenison Oil Company

3. ADDRESS OF OPERATOR  
8140 Walnut Hill Lane, #601, Dallas, TX. 75231

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface 2970' FNL & 1650 FEL  
Sec. 28, T23S R36E NMPM

14. PERMIT NO. \_\_\_\_\_ 15. ELEVATIONS (Show whether DR, RT, CR, etc.)  
3625' D.F.

5. LEASE DESIGNATION AND SERIAL NO.  
LC030139 (A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
\_\_\_\_\_

7. UNIT AGREEMENT NAME  
\_\_\_\_\_

8. FARM OR LEASE NAME  
Lynn

9. WELL NO.  
3(J)

11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA  
Sec. 28, T23S R36E

12. COUNTY OR PARISH \_\_\_\_\_ 13. STATE \_\_\_\_\_

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(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.)\*

Well work proposal (estimated start date 7/2/91)

1. Set CIBP at 3280'.
2. Perforate casing at following points with 2 shots per foot: 3132' to 34'; 3180'-82', 3191-95', 3208'-aa', 3214-20', 3227' to 30', 3240' to 3242', 3253' to 56', 3264' to 67'.
3. Acidize w/2000 gal. 15% acid.
4. Run tubing, rods & pump.
5. Test well

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

SIGNED [Signature] TITLE Operations Manager DATE 6/28/91

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 8-1-91

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_