

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
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.)

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR <u>Spence Energy Company</u></p> <p>3. ADDRESS OF OPERATOR <u>4849 Greenville Ave. #381 Dallas, TX 75206</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>800' FSL, 800' FEL, Sec. 25-9s-32e</u></p> <p>14. PERMIT NO. <u>NM 55001</u></p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <u>N.M. 55001</u></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>-</u></p> <p>7. UNIT AGREEMENT NAME <u>-</u></p> <p>8. FARM OR LEASE NAME <u>Federal "25"</u></p> <p>9. WELL NO. <u>2</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>Flying "M" (San Andres)</u></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 25-9s-32e</u></p> <p>12. COUNTY OR PARISH <u>Lea Co.</u></p> <p>13. STATE <u>N.M.</u></p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4288' Gr.</u></p>	

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

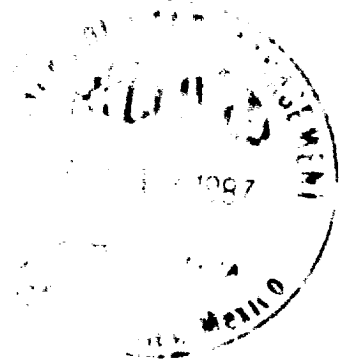
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>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

(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.)*

1. CIBP @ 4165' w/35 sx cement on top
2. Circulate hole w/salt gel
3. Cut off 5 1/2" csg @ 3248.74'
4. 25 sx cement plug @ 3285. Tag top of plug @ 3150 after 4 hrs.
5. 30 sx plug @ 2300' across Queens. Don't tag plug.
6. 35 sx plug @ 1650' across 8 5/8" shoe. Tag plug.
7. 5 sx plug @ surface

*BLM Rep. on loc during plugging operation.



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

SIGNED [Signature] TITLE President DATE 1/29/87

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE MANAGER OF RESOURCES DATE 10-28-88

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side