

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-029519(A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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  
OLSEN ENERGY, INC.

3. ADDRESS OF OPERATOR  
16414 San Pedro, Suite 470, San Antonio, Texas 78232

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
330' FNL & 330' FEL, Sec. 34, T-20-S, R-34-E

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
B.V. Lynch "A" Fed.

9. WELL NO.  
12

10. FIELD AND POOL, OR WILDCAT  
Lynch Yates, Seven Rivers  
Queen

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 34, T-20-S, R-34-E

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3718' DF

12. COUNTY OR PARISH 13. STATE  
Lea N.M.

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 type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) <input type="checkbox"/>               |  |

(Other) Well now T.A., Repair pump

(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 has been temporarily abandoned since 6-12-87
- Pull tubing and pump
- Repair pump and re-run.
- Test producing rate.

RECEIVED  
 JAN 26 11 43 AM '89  
 OFFICE OF THE DIRECTOR  
 BUREAU OF LAND MANAGEMENT  
 WASHINGTON, D.C.

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

SIGNED *Pick Master* TITLE Drl'g & Production Manager DATE 1/24/89

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 2-7-89  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side