

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
1605 N. French Dr.
Hobbs, NM 88240

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
 Oil Well Gas Well Other Water Injection Well

2. Name of Operator
 Momentum Operating Co., Inc.

3. Address and Telephone No.
 c/o Oil Reports & Gas Services, Inc. 1008 W., Broadway, Hobbs, NM 88240 505/393-2727

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
 2310' / FSL & 990' / FWL
 Sec 14, T20S, R33E

5. Lease Designation and Serial No.
LC-267265A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation
 8910115850

8. Well Name and No.
 Teas Yates Unit Tr. 6 #1

9. API Well No.
 30-025- 21244

10. Field and Pool, or Exploratory Area
 Teas Yates SR

11. County or Parish, State
 Lea Co., NM

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input 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 <u>Back on Injection</u>
	<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.)*

Open valves & place back on injection 1/11/01.

ACCEPTED FOR RECORD
 AUG 28 2001
 ALEXIS C. SWOBODA
 PETROLEUM ENGINEER

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

Signed Alex Heard Title Agent Date 8/22/01

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
 Conditions of approval, if any:

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.

RECEIVED
2001 AUG 24 AM 8:59
BETHLEHEM HOSPITAL OFFICE

