

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING  
OFFICE FOR MR  
OF COPIES REQUIRED  
(Other instructions on re-  
verse side)

BLM Roswell District  
Modified Form No.  
NM60-3160-4

458

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		3a. Area Code & Phone No. 915-684-4561		5. LEASE DESIGNATION AND SERIAL NO. NNMM 86513	
2. NAME OF OPERATOR Sendero Petroleum, Inc.		3b. Area Code & Phone No. 915-684-4561		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 1736 Midland, TX 79702		ARTESIA OFFICE		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL and 660' FWL Sec. 24, T22S, R23E				8. FARM OR LEASE NAME Lookout Point Federal	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, OR, etc.) 4156 GL 4170 KB		9. WELL NO. 1	
				10. FIELD AND POOL, OR WILDCAT Indian Basin (Upper Penn)	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 24, T22S, R23E	
				12. COUNTY OR PARISH EDDY	
				13. STATE New Mexico	

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

Additional filing to 10/20/91 notice.

5 1/2" casing was cut off at 5350'. Plug #2 was tagged at 5173'.

Plug #4 was tagged at 2118' which was greater than 150' above 8 5/8" casing shoe.

Location was ripped and seeded.

NOV 22 10 55 AM '91  
CARRIZO  
AREA

RECEIVED

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

SIGNED <u>AB Sam</u>	TITLE <u>President</u>	DATE <u>11/21/91</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE <u>11/29/91</u>
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side