

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-067775
2. NAME OF OPERATOR Bison Petroleum Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 5809 S. Western Suite 200, Amarillo, Texas 79110-3607		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 <u>Unit E</u> 660' FWL 1980' FNL		8. FARM OR LEASE NAME McCormick Federal
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB 3956'		10. FIELD AND POOL, OR WILDCAT Sawyer San Andres Assoc.
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T9S, R38E
		12. COUNTY OR PARISH Lea
		13. STATE NM

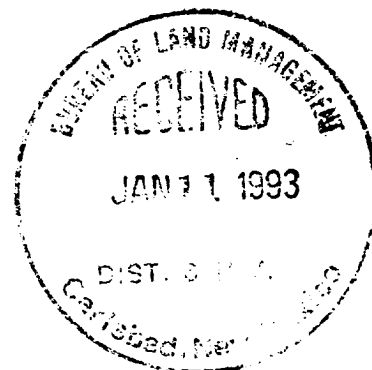
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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 PLANS <input type="checkbox"/>	(Other) _____	(Other) _____
(Other) Add'l perforations		(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.)

Started work 12-15-92 and completed work 12-19-92

1. Pull production equipment and install BOPE.
2. Perforate 2 SPF 4911-14' and 4919-24'.
3. Using Bridge Plug and Packer on tbg. selectively treat new perms. w/1,000 gals. 15% HCl.
4. Swab back to tanks.
5. Run tbg. & rods and put on pump.



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

SIGNED James O. Beuther TITLE President DATE 1-6-93

(This space for Federal or State office use)

APPROVED BY David R. Mass TITLE \_\_\_\_\_ DATE 1-19-93  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

Form 9-331-3  
(November 1983)  
(Formerly 9-331)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

Budget Bureau No. 1007-0100  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-067775

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

McCormick Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Sawyer San Andres Assoc.

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 29, T9S, R38E

12. COUNTY OR PARISH 13. STATE

Lea

NM

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 ☒ GAS ☐ OTHER ☐  
WELL WELL

2. NAME OF OPERATOR

Bison Petroleum Corporation

3. ADDRESS OF OPERATOR

5809 S. Western Suite 200, Amarillo, Texas 79110-3607

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)  
At surface

660' FWL 1980' FNL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

KB 3956'

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Add'l perforations

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

Proposed work starting about 12-16-92

1. Pull production equipment and install BOPE.
2. Perforate 2 SPF 4911-14' and 4919-24'.
3. Using Bridge Plug and Packer on tbg. selectively treat old perms. (4968-80') w/1,000 gals. and new perms. w/5,000 gals. 15% HCl.
4. Swab back to tanks.
5. Run tbg. & rods and put on pump.

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

SIGNED

TITLE President

DATE 12-8-92

19. Space for Federal or State agency use

SIGNED BY

TITLE

DATE

1-6-93

20. REVISIONS OF APPROVAL, IF ANY: