Form 3160-5
(November 1983)
(Formerly 9-331)

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

RECEIVED
JUL 5 11 17 AM '91
CARLSBAD AREA

# 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.)

5. LEASE DESIGNATION AND SERIAL NO.: LC030467B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

1. OIL WELL [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: Tenison Oil Company

8. FARM OR LEASE NAME: Vaughn B-3

3. ADDRESS OF OPERATOR: 8140 Walnut Hill Lane, Ste. 601, Dallas, TX. 75231

9. WELL NO.: 5

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface: 330' ~~990'~~ FNL and 2310' FWL
Unit C — Sec. 3 T24S R36E

10. FIELD AND POOL, OR WILDCAT:

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: S3 T24S R36E

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3405 DF

12. COUNTY OR PARISH:

13. STATE:

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

| NOTICE OF INTENTION TO: | | | | SUBSEQUENT REPORT OF: | | | |
|---|---|---|---|---|---|---|---|
| TEST WATER SHUT-OFF | [ ] | PULL OR ALTER CASING | [ ] | WATER SHUT-OFF | [ ] | REPAIRING WELL | [ ] |
| FRACTURE TREAT | [ ] | MULTIPLE COMPLETE | [ ] | FRACTURE TREATMENT | [ ] | ALTERING CASING | [ ] |
| SHOOT OR ACIDIZE | [ ] | ABANDON* | [ ] | SHOOTING OR ACIDIZING | [ ] | ABANDONMENT* | [ ] |
| REPAIR WELL | [ ] | CHANGE PLANS | [ ] | (Other) Evaluate well bore | | | |
| (Other) | | | | | | | |

(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.)*

Ran GR-CNL-CCL to evaluate well.

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

SIGNED _____ TITLE Operations Manager DATE July 1, 1991

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime