

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division

311 S. 1st St.

Albuquerque, NM 88210-2834

FORM 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

2. Name of Operator St. Mary Land & Exploration Company
c/o Coastal Management Corporation

3. Address and Telephone No.
P.O. Box 2726, Midland, Texas 79702-2726

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
2080' FNL & 660' FEL
Section 20, Township 16 South, Range 27 East

5. Lease Designation and Serial No.

NM-045254

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Tecumseh Federal No. 1

9. API Well No.

30-015-27935

10. Field and Pool, or Exploratory Area

Duffield; Strawn Gas Pool

11. County or Parish, State

Eddy County, New Mexico

CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment
☐ Recompletion
☒ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other

☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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.)

SEE ATTACHED

ACCEPTED FOR RECORD

APR 08 1998

BLM

1998 MAR 23 P 12:48

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

Signed [Signature] Title Regulatory Coordinator

Date 3/20/98

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____ Date _____