N.M. Oil Cons. Tyision 811 S. 1st Street DEPARTMENT OF THE INTERIORARIES, NM 88210-2834
BUREAU OF LAND MANAGEMENT AREAS FORM APPROVED 3160-5 Budget Bureau No. 1004-0135 Expires: March 31, 1993 1990) BUREAU OF LAND MANAGEMENT 5. Lease Designation and Serial No. LC 029387 B SUNDRY NOTICES AND REPORTS ON WELLS 6. If Indian, Allottee or Tribe Name not use this form for proposals to drill or to deepen or reentry to a different reservoir Use "APPLICATION FOR PERMIT-" for such proposals 7. If Unit or CA, Agreement Designation SUBMIT IN TRIPLICATE pe of Well 8. Well Name and No. ⊠ Oil Well Gas West Shugart '30' Federal #3 ame of Operator V 9. API Well No. ONCHO RESOURCES INC. ddress and Telephone No. 10. Field and Pool, or Exploratory Area 10 W. LOUISIANA STE 410; MIDLAND, TX 79701 (915) 683-7443 Shugart Bone Spring North ocation of Well (Footage, Sec., T., R., M., or Survey Description) 60' FNL & 1980' FWL, SEC. 30, 18S, 31E. 11. County or Parish, State EDDY, NM CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF ACTION TYPE OF SUBMISSION Change of Plans Abandonment Notice of Intent New Construction Recompletion Non-Routine Fracturing Plugging Back Subsequent Report Casing Repair Conversion to Injection Final Abandonment Notice Altering Casing Other Set prod Casing/Release Rig Dispose Water (Note: Report results of multiple completion on Well-Completion or Recompletion Report and Log form.) Describe Proposed or Completed Operations (Clearly state all pertinet 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 markders and zones pertinent to this work.)* 1-06-00 RIH w/ 5-1/2" csg & set @ 8419.34' w/ Lead cmt: 300 sx 35/65 POZ C containing 6% gel and Tail cmt: 875 sx 50/50 POZ C ontaining 2% gel, 5% D-44, .4% D-59, .2% D-65. Bumped plug @ 10:20 PM MST. 1-07-00 Release rig @ 4:15 AM. ACCEPTED THE REJORD (QRIG SGD.) DAVID R GLASS JAN 1 4 2000 BLM

pproved by ______ Title ______ Date ______ Conditions of approval, if any:

Production Analyst

. I hereby certify that

igned _____ This space for F