

Form 1160-5
(July 1989)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

BLM Roswell District
Modified Form No.
M160-3160-4

dsf

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. <input type="checkbox"/> 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. NM 58511	
2. NAME OF OPERATOR Sendero Petroleum, Inc. /				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1736, Midland, TX 79702				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'FS&E lines Sec. 8 API # 30-015-26107		RECEIVED SEP 24 1991 O. C. D. BLSA		8. FARM OR LEASE NAME Pronghorn Fed Comm	
14. PERMIT NO.		15. ELEVATIONS (Show whether OF, RT, or SL) G.L. 3987		9. WELL NO. #1	
				10. FIELD AND POOL, OR WILDCAT Indian Basin Cisco U. Penn	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 8 T21S R23E	
				12. COUNTY OR PARISH Eddy	
				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 type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROMISED 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.)

September 13, 1990, FTP 50 psi 32/64" choke flaring gas and water.
September 14, 1990, Isolate perfs 7245-80' with retrievable bridge plug set at 7154'. Test backside with 500#, held okay.
September 17, 1990, Acidize 7245-80' with 15,000 gallons 20% HCL with 2000 SCF Nitrogen per barrel, average rate 2.7 barrels per minute. Open well at 11:45 a.m. flowing back load show gas at 6:45 p.m. Flowing and swabbing back load with small amount gas.
September 30, 1990, Still recovering acid water from all of the jobs. Est. 400 barrels out of 1833 barrels acid water still to recover.

RECEIVED
OCT 18 10 53 AM '90
BLSA

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

SIGNED <u>Kurt Kelly</u>	TITLE <u>Vice President</u>	DATE <u>10/10/90</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side