

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR INSTRUCTIONS
OF COPIES REQUIRED
(Other instructions on reverse side)

BLM Roswell District
Modified Form No.
NMD60-3160-4

0151

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 ☐ GAS WELL ☒ OTHER **RECEIVED**

2. NAME OF OPERATOR **Sendero Petroleum, Inc.** **JUL 10 1991** 3a. Area Code & Phone No. **915-684-4561**

3. ADDRESS OF OPERATOR **P.O. Box 1736 Midland, TX. O. C. D. AREA OFFICE**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
660'FNL & 660'FWL

14. PERMIT NO. 15. ELEVATIONS (Show whether OF, RT, GR, etc.)
4156 GL

5. LEASE DESIGNATION AND SERIAL NO.
NM-86513

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Lookout Point Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Indian Basin Upper Per

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 24-T22S-R23E

12. COUNTY OR PARISH **Eddy** 13. STATE **New Mexico**

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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	(Other) APD filed May 24, 1991	
(Other) <input type="checkbox"/>		(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.) *

Casing Program: 12-3/4", 35# in place of 13-3/8", 54.5#. Set at 350' and cement to surface.
Drill 11" hole to 2300' in place of 12-1/4".
Re: Conversation with Mr. Shannon Shaw of BLM dated 6/28/91.

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

SIGNED *AB Sm* TITLE President DATE 7-1-91

(This space for Federal or State office use)

APPROVED BY *Shannon Shaw* TITLE RESIDENT DATE 7/9/91

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side