

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

BLM Roswell District  
Modified Form No.  
NM60-3160-4

clsf

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.)

RECEIVED

AUG 08 1991

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		3. AREA CODE (Show on reverse side)		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR Sendero Petroleum, Inc.		3a. Area Code (Show on reverse side) 915-684-4561		NM-86513	
3. ADDRESS OF OPERATOR P.O. Box 1736, Midland, TX. 79702		3b. FARM OR LEASE NAME Lookout Point Federal		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
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		9. WELL NO. 1		7. UNIT AGREEMENT NAME	
14. PERMIT NO.		15. ELEVATIONS (Show whether SP, RT, OR, etc.) 4156 GL		10. FIELD AND POOL, OR WILDCAT Indian Basin Upper Penn	
				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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PCLL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANE	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Comm Drlg & Csg Test	<input checked="" 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.)\*

Well was spudded July 18, 1991. Drilled 17 1/2" hole to 355'. Ran 9jts. of 12 3/4", 35# surface casing and set at 355'. Cemented with 400 sacks class "C" containing 2% CaCl. Plug down at 12:45 pm on 7/22/91 circulated 20 sacks to surface. WOC 8 hours and test casing to 500 psi for 30 minutes, O.K. Commence drilling.

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

SIGNED

*A. B. San*

TITLE President

DATE 7/30/91

(This space for Federal or State official use)

APPROVED BY

*David H. [Signature]*

TITLE

DATE

CONDITIONS OF APPROVAL

CARLSBAD, NEW MEXICO \*See Instructions on Reverse Side