

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING  
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(Other instructions on re-  
verse side)

BLM Roswell District  
Modified Form No.  
4060-3160-4

2157

RECEIVED

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different level. Use "APPLICATION FOR PERMIT" for such proposals.)

AUG 08 1991

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		O. C. D. ARTESIA, OFFICE		1. LEASE DESIGNATION AND SERIAL NO. NM-86513	
2. NAME OF OPERATOR Sendero Petroleum, Inc.		3a. Area Code & Phone No. 915-684-4561		5. 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' FNL & 660' FWL				8. FARM OR LEASE NAME Lookout Point Federal	
				9. WELL NO. 1	
				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	
14. PERMIT NO.		15. ELEVATIONS (Show whether SP, RT, OR, etc.) 4156 GL		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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) intermediate Csg.	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>		
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<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.)

Completed drilling 11" hole to 2314' and ran 56 jts of 8 5/8", 24# intermediate casing. Cement casing with 450 sacks HOWCO Lite with 1/4# floreal + 200 SX. class "C" with 2% CaCl. Cement did not circulate. Temperature survey indicated top of cement at 840'. Completed cementing to surface using 1" tubing and 400 SX Cls. "C" containing 3% CaCl in 6 stages. WOC 12 hours and test casing to 1000 psi for 30 minutes O.K. Commence drilling 7 7/8" hole on 7/26/91.

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

SIGNED <u>A B Sam</u>	TITLE <u>President</u>	DATE <u>7/30/91</u>
(This space for Federal or State approval)		
APPROVED BY <u>[Signature]</u>	TITLE <u></u>	DATE <u></u>
CONDITIONS OF APPROVAL, IF ANY:		