

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING  
OFFICE FOR N 1  
OF COPIES REQUIRED  
(Other instructions on re-  
verse side)

BLM Roswell District  
Modified Form No.  
ND60-3160-4

415F

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. NMNM 86513	
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' FNL and 660' FWL Sec. 24, T22S, R23E		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 24, T22S, R23E		8. FARM OR LEASE NAME Lookout Point Federal	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, or CB) 4156 GL 4170 KB		9. WELL NO. 1	
		O. C. D.		10. FIELD AND POOL, OR WILDCAT Indian Basin (Upper Penn)	
				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"/>
FRACURE TREAT	<input type="checkbox"/>	FRACURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input 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 checked="" 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.) \*

8/27/91 Acidize with 10,000 gals 20% HCL and 7500 gals.gelled water.

8/28/91 thru 9/16/91 Swab and flow test well. S.I.

Well is uneconomic. Will P&A as per Mr. Shannon Shaw's recommendation:

Set CIBP at 7800' with 35' cement cap. Pull + 6100' of 5-1/2" csg.

Set 150' cement plug across 5-1/2" csg.stub at + 6100'. Leave 75' in and outside stub. Set 100' cement plug at 3550'.

Set 100' cement plug across 8-5/8" shoe at 2314'. Leave 50' in and outside shoe, tag plug at + 2260'.

Set 100' cement plug across 12-3/4" shoe area at 355'. Leave 50' in and outside shoe depth inside 12-3/4"

Set 50' surface plug

Rip location and seed.

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

SIGNED

AB Sam

TITLE

President

DATE 10-5-91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

10/28/91

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side