

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

APR 10 1992

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Vision Energy, Inc

3. Address and Telephone No.

P.O. Box 2459 Carlsbad, NM. (505) 234-6041

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1450' FWL 660' FSL
Sec 3, T-24S, R-29E

5. Lease Designation and Serial No.

NM 53373

6. If Indian, Altonce or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

HB 3 Federal

9. API Well No.

#2

10. Field and Pool, or Exploratory Area

Cedar Canyon

11. County or Parish, State

Eddy

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Change Csg depth
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

Set 8 5/8" csg at 3020' Base of salt @ 2870'

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

Signed Louise W. Tolson

Title Vice President Operation

Date 7-22-92

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date 8/5/92