

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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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, New Mexico 88220 (505) 236-6041

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

Sec. 3, T-24S, R-29E  
1650' FWL & 660' FSL

5. Lease Designation and Serial No.

NM 53373

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

H. B. 3 Federal #2

9. API Well No.

3001526999

10. Field and Pool, or Exploratory Area

Cedar Canyon Bone Springs

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 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.)\*

Tested 5 1/2" csg and csg head to 1500 Psi held OK  
Perforated two holes 3,377' & 3,378'  
Squeezed 250 sxs class "c" cement up between 5 1/2" csg and 8 5/8" csg  
Shut well in 72 hrs  
Ran CBL and found cmt top at 2,652'

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

Signed Tommy W. Tolson

Title General Manager

Date 9-8-92

(This space for Federal or State office use)

Approved by \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Conditions of approval, if any: