

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
811 S. 1st St
Artesia, NM 88210-2834

FORM APPROVED
Budget Bureau No. 1004-0115
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

Llano Land & Exploration Co.

3. Address and Telephone No.

P. O. Drawer 2544 Roswell, NM 88202-2544 (505)625-0144

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

1980' FSL & 660' FEL Section 11, T25S, R25E N.M.P.M.

5. Lease Designation and Serial No.

NM 85853

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Shearnwest Federal #1

9. API Well No.

30-015- 23457

10. Field and Pool, or Exploratory Area

White City Delaware

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 Workover

- ☐ 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.)*

12/1 - 12/7/1999 SITP 390# SICP 0#. Shut down - waiting on swabbing unit - Pinnalce Petroleum Service - Artesia, NM

ORIG. SGT. GARY GOURLEY

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

Signed

Gerald E. Harrington

Title Vice President

Date 12/7/1999

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make in any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

*See Instruction on Reverse Side

UNITED STATES
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N.M. Oil Cons. Division

811 S. 1st Street

Artesia, NM 88210-2834

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

SUNDRY NOTICES AND REPORTS ON WELLS

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Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM 85853
2. Name of Operator Llano Land & Exploration Co.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P. O. Drawer 2544 Roswell, NM 88202-2544 (505)625-0144	7. If Unit or CA, Agreement Designation
4. Location of Well (Postage, Sec., T., R., M., or Survey Description) 1980' FSL & 660' FEL Section 11, T25S, R25E N.M.P.M.	8. Well Name and No. Shearnwest Federal #1
	9. API Well No. 30-015- 23457
	10. Field and Pool, or Exploratory Area White City Delaware
	11. County or Parish, State Eddy

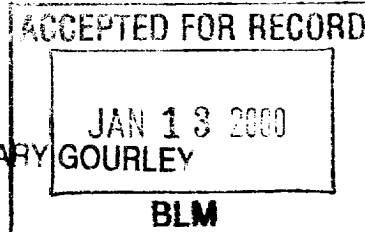
12. CHECK APPROPRIATE BOX(es) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Workover	<input type="checkbox"/> 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.)*

11/21 - 11/30/99 SITP - 250#, SICP - 0#. Waiting on swabbing unit.



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

Signed

Herald E. Harrington

Title **Vice President**

Date **11/30/1999**

(This space for Federal or State office use)

Approved by

Title

Date

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*See Instruction on Reverse Side