

c191

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

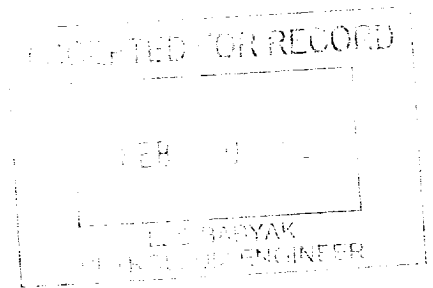
1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	6. If Indian, Allottee or Tribe Name
2. Name of Operator LLANO LAND & EXPLORATION CO.	7. If Unit or CA, Agreement Designation
3. Address and Telephone No. P. O. Drawer 2544 Roswell, NM 88202-2544 (505) 625-0144	8. Well Name and No. Federal CU #1
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980' FNL & 1980' FEL, Unit G Section 35, T-25-S, R-25-E	9. API Well No. 300152403100S1
	10. Field and Pool, or Exploratory Area Cottonwood Spring-Morrow
	11. County or Parish, State Eddy, NM

CHECK APPROPRIATE BOX(S) 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 Plan
<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 <u>Return to Production</u>	<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.)

11/6 - 11/8/01 MI & RU swabbing unit. Opened tubing flowing to tank - blew down in 80 minutes. CP bled down to 125 psi. Ran in hole with swab - no fluid in hole. Zone depleted on test. Re-set packer, returned well to producing from original perforations in Morrow.



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

Signed <u>Gerald E. Harrington</u>	Title <u>Vice President</u>	Date <u>2/18/2002</u>
(This space for Federal or State office use)		
Approved by _____ Co	Title _____	Date _____
Accepted for record		
Title I or rep only <u>FEB 14 2002</u>	nd willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements	
Instruction on Reverse Side		