

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. O. Cons. Division  
811 S. 1st Street  
Artesia, NM 882

FORM APPROVED  
Budget Bureau No. 1004-0135  
0-2834 Expires: March 31, 1993

dsf

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

SONAT EXPLORATION COMPANY

3. Address and Telephone No.

110 W. LOUISIANA, SUITE 500, MIDLAND, TEXAS &(&!)

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

1980' FNL 1980' FEL Sec. 1 T 24 S R 31 E

5. Lease Designation and Serial No.

NM 69369

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Sotol Federal No. 7

9. API Well No.

30 015 28865

10. Field and Pool, or Exploratory Area

Mesa Verde (Delaware)

11. County or Parish, State

Eddy County

New Mexico

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

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

SEE ATTACHMENT

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

Signed K. Glenn Carter

Title Drlg. Superintendent

Date 2/3/97

(This space for Federal or State office use)

Approved by (ORIG. SGD.) ALEXIS C. SWOBODA

Title PETROLEUM ENGINEER

Date FEB 12 1997

Conditions of approval, if any: