

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM 803453-C
2. Name of Operator EOG (New Mexico) Inc.	6. If Indian, Allottee or Tribe Name N/A
3. Address and Telephone No. 621 17th St., Suite 1800, Denver, CO. 80293 (303) 293-9999	7. If Unit or CA, Agreement Designation N/A
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit Letter A 990 FNL & 990 FEL	8. Well Name and No. Wasson Federal #1
	9. API Well No. 30-039-05317
	10. Field and Pool, or Exploratory Area Blanco Pictured Cliffs
	11. County or Parish, State Rio Arriba, NM

Section 27-T24N-R1W

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 MIT Test
	<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.)*

- 1) EPNG Locate Gas Lines
- 2) Set 4 Anchors
- 3) MIRU PU
- 4) POH 2-3/8" Tbg. LD on Float
- 5) Notify NMOCC to Witness
- 6) RIH 2-3/8" Work String & 4-1/2" Mod "R" Packer
- 7) Set Packer
- 8) Press Test 4-1/2" x 2-3/8" Annulus to NMOCC Specs
- 9) POH 2-3/8" Tbg & Packer. LD on Float
- 10) NU Valve on Casing
- 11) SI well. If needs repair, will repair later.

RECEIVED
MAY 26 1994
OIL & MIN. DIV.
DIST. 3

cc: NMOCC

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

Signed Conni Smith Title Sr. Engineering Tech Date 5/6/94

(This space for Federal or State office use)

Approved by Patricia M Hester Acting Title Chief, Lands and Mineral Resources Date MAY 20 1994
Conditions of approval, if any: