

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLA
(Other instructions
reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

45F

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

5. LEASE DESIGNATION AND SERIAL NO.
NM-33661
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Penasco Draw Federal
9. WELL NO.
1
10. FIELD AND POOL, OR WILDCAT
Penasco Draw Morrow
Wildcat
11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec. 35, 18-S, 24-E
12. COUNTY OR PARISH
Eddy
13. STATE
NM

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER
2. NAME OF OPERATOR
Tempo Energy, Inc. ✓
3. ADDRESS OF OPERATOR
4000 N. Big Spring, Suite 109, Midland, Texas 79705 O. C. D.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
Unit 0, 990' FSL & 1980' FEL
APR 10 '89
ARTESIA, OFFICE

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3716.5 GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACTIVIZING ☐
REPAIR WELL ☐
(Other) ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETION ☐
ABANDON* ☐
CHANGE PLANS ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACTIVIZING ☐
(Other) ☐
REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(NOTE: Report results of multiple completion or Well Completion or Recompletion Report and Log form.)

17. 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. Connected well to Transwestern Pipeline on 1-11-89.

RECEIVED
MAR 30 11 23 AM '89

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

SIGNED Laura Morrow TITLE Sec./Tres. DATE 3-29-89
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

SJS
CARLSBAD, N.M.