

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

U.M. Oil Cons. Division  
211 S. 1st  
Albuquerque, NM 87102-2834

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	6. If Indian, Allottee or Tribe Name NM-045254
2. Name of Operator St. Mary Land & Exploration Company c/o Coastal Management Corporation	7. If Unit or CA, Agreement Designation
3. Address and Telephone No. P.O. Box 2726, Midland, Texas 79702-2726	8. Well Name and No. Tecumseh Federal No. 1
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 2080' FNL & 660' FEL Section 20, Township 16 South, Range 27 East	9. API Well No. 30-015-27935
	10. Field and Pool, or Exploratory Area Duffield; Strawn Gas Pool
	11. County or Parish, State Eddy County, NM

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 checked="" type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other
	<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 ATTACHED PROCEDURE



14. I hereby certify that the foregoing is true and correct			
Signed	<i>David A. Glass</i>	Title	Regulatory Coordinator
(This space for Federal or State office use)		Date	1/7/98
Approved by	(ORIG. SGD.) DAVID A. GLASS	Title	PETROLEUM ENGINEER
Conditions of approval, if any:		Date	FEB 13 1998