

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

5. Lease Designation and Serial No.
NM 85853

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Shearnwest Federal #1

9. API Well No.
30-015- 23457

10. Field and Pool, or Exploratory Area
White City Delaware

11. County or Parish Name
Eddy

SUBMIT IN TRIPLICATE

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
Llano Land & Exploration Co.

3. Address and Telephone No.
P. O. Drawer 2544 Roswell, NM 88202-2544 (505)625-0144

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1980' FSL & 660' FEL Section 11, T25S, R25E N.M.P.M.

12. 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 checked="" 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>Workover</u>
	<input type="checkbox"/> Change of Plan
	<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

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If not directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

- 12/7 - 12/13/1999 SITP - 410# SICP - 0#. Waiting on swabbing unit.
- 12/14/1999 SITP - 425# SICP - 0#. MI & RU Reeco Well Services, Inc. swabbing unit. Blew well down - 15 min. WIH w/swab - Initial fluid level - 1100' FS. Made 8 swab runs - well KO & flowed to tanks for 3 hours. Made 7 swab runs. Rec. 113 BF - 100% oil cut + gas @ max. 258 MCF/D. SI - SDON.
- 12/15/1999 SITP - 350# SICP - 0#. Initial fluid level - 1500' FS. Made 22 swab runs. Rec. 129 BF - 25% oil cut + gas @ 205 MCF/D. SI - SDON.
- 12/16/1999 SITP - 125# SICP - 0#. Initial fluid level - 1300' FS. Made 15 swab runs. Rec. 86.5 BF - 50% oil cut + gas @ max. 195 MCF/D. SD Prep to test on pump.

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

Signed *Gerald E. Harrington* Title Vice President Date 12/17/1999

(This space for Federal or State office use)

Approved by _____ Title (DRG BGD) DAVID F. GLASS Date _____

Conditions of approval, if any: _____

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction