

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

P.O. BOX 1980

NEW MEXICO 88240
Form approved.
Expires August 31, 1985

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-0337995	
2. NAME OF OPERATOR Tahoe Energy, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 3909 W. Industrial Ave., Midland, Texas 79703		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit F, 1980' FNL & 1980' FWL		8. FARM OR LEASE NAME Clair	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3971' GR		10. FIELD AND POOL, OR WILDCAT West Sawyer	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, T-9-S, R-37-E	
		12. COUNTY OR PARISH Lea	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(NOTE: Report results of multiple completion on 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 and 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.) *

Dec. 22, 1992 Moved in Rig.

Set C.I.B.P. @ 4900' w/75' cement cap. -

Plug #1 4900' - 4825', 5 sacks Class H cement

Plug #2 2950' - 2855, 20 sacks Class H cement. Cut 4-1/2" csg @ 2900'

unable to pull, set 20 sack cement plug across cut, tagged tubing

Plug #3 550' - 475', 40 sacks Class H cement, Cut & pulled 498' 4-1/2"

csg & set stub plug, tagged low.

Plug #4 475' - 340', 45 sacks Class H cement

Plug #5 60' - Surface, 20 sacks Class H Cement

Wellbore was filled with 9#/gallon gel mud between each plug.

Set regulation marker in top of well..Moved off rig Dec. 30, 1992

Restore location as per Federal regulations

Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

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

SIGNED

Carroll Addy

TITLE

Production Secretary

DATE

4/18/94

(This space for Federal or State office use)

APPROVED BY

(ORIG. SEC.) JOE B. LABA

TITLE

PETROLEUM ENGINEER

DATE

5/6/94

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side