

orm 3160-5  
June 1990)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil & Gas Division  
P.O. Box 1980  
Hobbs, NM 88241

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 checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. <u>MM-0346362</u>
2. Name of Operator SECONDARY OIL CORPORATION	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 1623, Ruidoso, New Mexico 88345	7. If Unit or CA, Agreement Designation MMNM82050X
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) E Section 28, Township 8S, Range 30E 1980' North 660' West	8. Well Name and No. Cato San Andres Unit #154
	9. API Well No. 30-005-20172
	10. Field and Pool, or Exploratory Area Cato San Andres
	11. County or Parish, State Chaves

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 type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>returned to production</u>	<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.)

Well returned to production on May 20, 1997. Produced 2 BBL by using the SWAB PRODUCTION METHOD, currently in effect.

ACCEPTED FOR RECORD  
PETER W. CHESTER  
JUL 2 1997  
BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

RECEIVED  
1997 JUN 27 A 10:56  
BUREAU OF LAND MANAGEMENT

14. I hereby certify that the foregoing is true and correct	Title <u>Karol Rennels, Agent</u>	Date <u>6/24/97</u>
Signed <u>Karol Rennels</u>		
(This space for Federal or State office use)		
Approved by _____	Title _____	Date _____
Conditions of approval, if any:		