

orm 3160-5  
June 1990)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Cons. Division  
Box 1930  
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<br><input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other       | 7. If Unit or CA. Agreement Designation<br>NMNM82050X      |
| 2. Name of Operator<br>SECONDARY OIL CORPORATION   | 8. Well Name and No.<br>Cato San Andres Unit #144          |
| 3. Address and Telephone No.<br>P.O. Box 1623, Ruidoso, New Mexico 88345   | 9. API Well No.<br>30-005-20215                            |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>M Section 22, Township 8S, Range 30E<br>660' South 660' West | 10. Field and Pool, or Exploratory Area<br>Cato San Andres |
|  | 11. County or Parish, State<br>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 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>extension</u> |
|   | <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.)

Request an extension of 90 days in order to put this well back on production.  
We plan to produce this well by our SWAB PRODUCTION METHOD, as soon as possible.  
Well is partially prepared to Swab. There is still pipe in the hole and we are awaiting the availability of workover rig.

APPROVED FOR 3 MONTH PERIOD  
ENDING 10/7/97

APPROVED  
PETER W. CHESTER  
JUL 2 1997  
BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

RECEIVED  
1997 JUN 27 A 10:52  
BUREAU OF LAND MANAGEMENT  
ROSWELL OFFICE

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

|  |                                   |                     |
|--|-----------------------------------|---------------------|
| Signed <u>Karol Rennels</u>                  | Title <u>Karol Rennels, Agent</u> | Date <u>6/24/97</u> |
| (This space for Federal or State office use) |                                   |                     |
| Approved by _____                            | Title _____                       | Date _____          |
| Conditions of approval, if any:              |                                   |                     |