

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions
verse side)

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UKB 1-8-96 Form approved.
Budget Bureau No. 1004-0135
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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER TEMPORARILY ABANDONED		5. LEASE DESIGNATION AND SERIAL NO. NM-53380	
2. NAME OF OPERATOR Bison Petroleum Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NA	
3. ADDRESS OF OPERATOR 5809 S. Western Suite 200, Amarillo, Texas 79110-3607		7. UNIT AGREEMENT NAME NA	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2026' FSL & 1961' FEL		8. FARM OR LEASE NAME Caviness 10 Federal	
14. PERMIT NO. 30-025-30311		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3996' DF		10. FIELD AND POOL, OR WILDCAT NA	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10 T18S-R33E	
		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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) Temporarily Abandoned ☒ (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 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.)*

Casing tested to 1000# June 8, 1988 (Mobil Oil Corporation)

Casing tested to 1000# February 20, 1991 (Bison Petroleum Corporation)

Currently SI

Projected Activity:

By 1-1-97 Queen completion or convert to SWDW

RECEIVED
JAN 8 8 39 AM '96
BUREAU OF LAND MGMT
HOBBS, NM

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

SIGNED <u>Bruce O. Barthel</u>	TITLE <u>President</u>	DATE <u>12-26-95</u>
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(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) JOE G. LARA TITLE PETROLEUM ENGINEER DATE 2/8/96

CONDITIONS OF APPROVAL, IF ANY:

See attached. Tests to be performed within 30 days.

*See Instructions on Reverse Side