

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-30371
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

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" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name HARVARD
2. Name of Operator TEMPO ENERGY, INC.	8. Well No. 1
3. Address of Operator 4000 N BIG SPRING STE 109 MIDLAND TX 79705	9. Pool name or Wildcat FOSTER (SAN ANDRES)
4. Well Location Unit Letter <u>N</u> : <u>330</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line Section <u>31</u> Township <u>18S</u> Range <u>39E</u> NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3604.5' GL	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

SET CIBP @4390' CAP W/20' CMT
CIRC HOLE W/10# BRINE + 25 # SALT GEL/BBL
CUT 5-1/2 CSG @1130'
RUN 2-7/8 TBG TO 1180' MIX & PUMP 50 SX CMT PLUG WOC TAG PLUG @1020'
RUN 2-7/8 TBG TO 342' MIX & PUMP 50 SX CMT WOC TAG PLUG @160'
SPOT 10 SX SURF. PLUG
CUT OFF WELL HEAD INSTALL DRY HOLE MARKER

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Charlie A. Spann TITLE SUPERVISOR DATE 5-17-90
TYPE OR PRINT NAME CHARLIE A SPANN TELEPHONE NO. (915) 3624324

(This space for State Use)

APPROVED BY Lyle R. Turner TITLE OIL & GAS INSPECTOR DATE SEP 09 1991
CONDITIONS OF APPROVAL, IF ANY: