Rudget Bureau No. 1004 0125		÷			
BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELLS 5. Less Designation and Serial No. MLC063586 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 NA SUBMIT IN TRIPLICATE NA 1. Type of Well 8. Well Name and No. USK MEST 915 2. Name of Operator 915 PIONEER NATURAL RESOURCES USA, INC. 9. API Well No. 9. API Well No. 30.025-34130 915 3. Address and Traphone No. P.O. Box 3178 Midland, TX 79702 915/571-3937 10. Field and Pool, or exploratory Ares ULSK DELAWARE, WEST 10. Field and Pool, or exploratory Ares UL - 0, 2000' FEL & 450' FSL, SEC. 29, T19S, R32E LUSK DELAWARE, WEST 11. Countw or Parish, State LEA CO., NM 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA New Construction New Construction 13. Subsequent Report Briag Abandonment Conversion to Injection New Construction New Construction 14. Location of Under Inset Abandomment Abandomment Conversion to Injection New Construction New Construction 14. Location of Inset Abandomment Conversion to Injection Conversion to Injection New Construction 15. Use Submits	Form 3160-5 (June 1990)	DEPARTMENT OF 1	THE INTERIOR		Budget Bureau No. 1004-0135
SUNDARY NOTICES AND REPORTS ON WELLS Indiana Albate or Tribe Name 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 NA SUBMIT IN TRIPLICATE N 1. Type of Well 8. Well Name and No. UUSK WEST 915 2. Name of Operator 915/571-3937 8. Well Name and No. UUSK WEST 915 3. Address and Telephone No. P.O. Box 3178 Midlland, TX 79702 915/571-3937 10. Field and Pool, or exploratory Area UL - 0, 2000' FEL & 450' FSL, SEC. 29, T19S, R32E USK MEST 11. Country Parish, State 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF ACTION 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF ACTION 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF ACTION 13. Instructure Report Phaging Back Non-Routine Fracturing 14. Indian, Abandomment Notice Casing Repair Water Shur-Off 15. Subsequent Report Phaging Back Non-Routine Fracturing 15. Subsequent Report Phaging Casing Comple		BUREAU OF LAND N	MANAGEMENT		5. Lease Designation and Serial No.
Use "APPLICATION FOR PERMIT - " for such proposals NA SUBMIT IN TRIPLICATE 1. Type of Well 7. If Unit or CA. Agreement Designation 2. Name of Operator 8. Well Name and No. PIONEER NATURAL RESOURCES USA, INC. 3. Address and Telephone No. 915/571-3937 P.O. Box 3178 Midland, TX 79702 915/571-3937 10. Field and Pool, or exploratory Area UL - 0, 2000' FEL & 450' FSL, SEC. 29, T19S, R32E USK DELAWARE, WEST 11. County or Parish, State LEA CO., NM 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION I2. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION I2. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION I2. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION I2. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION Change of Plans I2. Check APPROPRIATE box (scing Repair <t< td=""><td>;</td><td>SUNDRY NOTICES AND REF</td><td>PORTS ON WELLS</td><td></td><td></td></t<>	;	SUNDRY NOTICES AND REF	PORTS ON WELLS		
Use "APPLICATION FOR PERMIT" for such proposals NA SUBMIT IN TRIPLICATE 7. If Unit or CA. Agreement Designation	Do not use this form	i for proposals to drill or to d	eepen or reentry to a	different reservoir	6. If Indian, Allottee or Tribe Name
SUBMIT IN TRIPLICATE 1. Type of Well 0 0.1. Type of Well 8. Well Name and No. 1. Submit IN TRIPLICATE 8. Well Name and No. 1. Type of Well 8. Well Name and No. 2. Name of Operator 915 PIONEER NATURAL RESOURCES USA, INC. 9. API Well No. 3. Address and Telephone No. 915/571-3937 P.O. Box 3178 Midland, TX 79702 915/571-3937 4. Location of Well (Bootage, Sec., T. R., M., or Survey Description) 10. Field and Pool, or exploratory Area UL - 0, 2000' FEL & 450' FSL, SEC. 29, T19S, R32E LUSK DELAWARE, WEST 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION X Notice of Intent Abandonment Q Subsequent Report Plugging Back Plugging Back Non-Routine Fracturing Vater Shat-Off Altering Casing Observice 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 dr Describe Proposed or Completed Operations of Meeting and the startes and zones pertinent to this work.)* Well Water Starting any proposed work. If well is directionally dr WEL					NA
Will Gas S. Well Name and No. 2. Name of Operator LUSK WEST 915 PIONEER NATURAL RESOURCES USA, INC. 915/571-3937 LUSK WEST 915 3. Address and Telephone No. 915/571-3937 30-025-34130 10. Field and Pool, or exploratory Area 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) UL - 0, 2000' FEL & 450' FSL, SEC. 29, T19S, R32E LUSK DELAWARE, WEST 11. County or Parish, State 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION X Notice of Intent Abandonment Recompletion New Construction Subsequent Report Plugging Back Non-Routine Fracturing Vater Shut-Off Other Other Dispose Water Dispose Water Other Substrate of online cloations and measured and true vertical depths for all matkers and zones pertinent datas, including estimated date of starting any proposed work. If well is directionally dright					
2. Name of Operator LUSK WEST 915 PIONEER NATURAL RESOURCES USA, INC. OELAWARE) UNIT 915 3. Address and Telephone No. 915/571-3937 30-025-34130 P.O. Box 3178 Midland, TX 79702 915/571-3937 10. Field and Pool, or exploratory Area 4. Location of Well (Footage, Sec., T., R., Mr., or Survey Description) UL - 0, 2000' FEL & 450' FSL, SEC. 29, T19S, R32E LUSK DELAWARE, WEST 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION X Notice of Intent Abandonment New Construction Subsequent Report Plugging Back Non-Routine Fracturing Vater Shut-Off Conversion to Injection None-Routine Fracturing Describe Proposed or Completed Operations (Clearly state all pertinent datais, and give pertinent datas, including estimated date of starting any proposed work. If well is directionally dr WELL WAS PERMITTED AS SOUTHERN CALIFORNIA FEDERAL UNIT #10	Oil Gas	Xou			8. Well Name and No.
1. Address and Telephone No. 9. API Well No. 3. Address and Telephone No. 9. API Well No. 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 10. Field and Pool, or exploratory Area UL - 0, 2000' FEL & 450' FSL, SEC. 29, T19S, R32E 10. Field and Pool, or exploratory Area 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION X Notice of Intent Abandonment Subsequent Report Plugging Back Final Abandonment Notice Casing Repair Describe Proposed or Completed Operations (Clearly state all pertiment details, and give pertiment datas, including estimated date of starting any proposed work. If well is directionally driver.)* WELL WAS PERMITTED AS SOUTHERN CALIFORNIA FEDERAL UNIT #10		Other			
3. Address and Telephone No. 9. API Well No. 9.0. Box 3178 Midland, TX 79702 915/571-3937 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 10. Field and Pool, or exploratory Area UL - 0, 2000' FEL & 450' FSL, SEC. 29, T19S, R32E LUSK DELAWARE, WEST 12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION X Notice of Intent Abandonment Subsequent Report Plugging Back Final Abandonment Notice Casing Repair Water Shut-Off Altering Casing Other Subsurface locations and measured and true vertical depths for all markers and zones pertiment to this work.)*	PIONEER NATURAL	RESOURCES USA, INC.			
P.O. DOX 31/8 MIGHANG, 1X /9/12 915/571-3937 10. Field and Pool, or exploratory Area 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) UL - 0, 2000' FEL & 450' FSL, SEC. 29, T19S, R32E 11. County or Parish, State LEA CO., NM 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION X Notice of Intent Abandoninent Bubsequent Report New Construction Plugging Back Non-Routine Fracturing Casing Repair Water Shut-Off Altering Casing Other Other Dispose Water Note: Report mealls of malliple completion on We construction 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 dri give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)* WELL WAS PERMITTED AS SOUTHERN CALIFORNIA FEDERAL UNIT #10					
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) LUSK DELAWARE, WEST UL - 0, 2000' FEL & 450' FSL, SEC. 29, T19S, R32E LUSK DELAWARE, WEST 11. County or Parish, State LEA CO., NM 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION IX Notice of Intent Abandonment Subsequent Report Plugging Back Final Abandonment Notice Casing Repair 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 dri give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)* WELL WAS PERMITTED AS SOUTHERN CALIFORNIA FEDERAL UNIT #10			915/571-	3937	
UL - 0, 2000 FEL & 450° FSL, SEC. 29, T19S, R32E 11. County or Parish, State LEA CO., NM 12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION X Notice of Intent Subsequent Report Abandonment Final Abandonment Notice Plugging Back Other Dispose Water (Not:: Report results of multiple completion on We completion on We completion on We completion on Recompletion and true vertical depths for all markers and zones pertinent to this work.)* WELL WAS PERMITTED AS SOUTHERN CALIFORNIA FEDERAL UNIT #10					
LEA CO NM 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF SUBMISSION TYPE OF SUBMISSION TYPE OF SUBMISSION TYPE OF ACTION Subsequent Report Final Abandonment Notice Final Abandonment Notice 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 dr Describe Proposed or Completed Operations All markers and zones pertinent to this work.)* WELL WAS PERMITTED AS SOUTHERN CALIFORNIA FEDERAL UNIT #10	UL - 0, 2000' FEI	& 450' FSL, SEC. 29, T1	9S, R32E		
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF SUBMISSION TYPE OF ACTION Image: Subsequent Report Abandonment X Change of Plans Image: Subsequent Report Plugging Back Non-Routine Fracturing Image: Final Abandonment Notice Casing Repair Water Shut-Off Image: 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 dr Describe Proposed or Completed Addition and measured and true vertical depths for all markers and zones pertinent to this work.)* WELL WAS PERMITTED AS SOUTHERN CALIFORNIA FEDERAL UNIT #10					11. County or Parish, State
TYPE OF SUBMISSION TYPE OF ACTION Image: Abandon ment Abandonment Image: Abandon ment Image: Abandon ment Image: Abandon ment Abandon ment Image: Abandon ment New Construction Image: Abandon ment Abandon ment Image: Abandon ment New Construction Image: Abandon ment Notice Plugging Back Image: Non-Routine Fracturing Image: Abandon ment Notice Casing Repair Image: Water Shut-Off Image: Abandon ment Altering Casing Conversion to Injection Image: Other Other Dispose Water Image: Other Image: Other Image: Other Image: Other Image: Other Dispose Water Image: Other Image: Other Image: Other Image: Other Image: Other </td <td></td> <td></td> <td></td> <td></td> <td></td>					
TYPE OF SUBMISSION TYPE OF ACTION Image: Subsequent Report Abandonment Image: Subsequent Report Image: Subsequent Report Image: Subsequent Report Image: Plugging Back Image: Non-Routine Fracturing Image: Subsequent Report Image: Plugging Back Image: Non-Routine Fracturing Image: Subsequent Report Image: Plugging Back Image: Non-Routine Fracturing Image: 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 dr Describe Proposed or Completed Operations and measured and true vertical depths for all markers and zones pertinent to this work.)* WELL WAS PERMITTED AS SOUTHERN CALIFORNIA FEDERAL UNIT #10	12. CHECK AF	PROPRIATE BOX(s) TO I	NDICATE NATURE	OF NOTICE, REPORT	, OR OTHER DATA
Image: Subsequent Report Image: Recompletion New Construction Image: Subsequent Report Image: Plugging Back Non-Routine Fracturing Image: Final Abandonment Notice Image: Casing Repair Image: Water Shut-Off Image: Final Abandonment Notice Image: Casing Repair Image: Conversion to Injection Image: 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 drive subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)* WELL WAS PERMITTED AS SOUTHERN CALIFORNIA FEDERAL UNIT #10				······································	
Subsequent Report Recompletion New Construction Subsequent Report Plugging Back Non-Routine Fracturing Final Abandonment Notice Casing Repair Water Shut-Off Altering Casing Conversion to Injection Other Dispose Water (Note: Report results of multiple completion on We Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally dri give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)* WELL WAS PERMITTED AS SOUTHERN CALIFORNIA FEDERAL UNIT #10	X Notice of I	ntent	Abandonmen	······································	Y Chapte of Plans
Subsequent Report Plugging Back Non-Routine Fracturing Final Abandonment Notice Casing Repair Water Shut-Off Altering Casing Conversion to Injection Other Other Dispose Water (Note: Report results of multiple completion on We Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally draws subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)* WELL WAS PERMITTED AS SOUTHERN CALIFORNIA FEDERAL UNIT #10	_		Recompletion		
Final Abandonment Notice Casing Repair Water Shut-Off Altering Casing Conversion to Injection Other Dispose Water (Note: Report results of multiple completion on We Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drive subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)* WELL WAS PERMITTED AS SOUTHERN CALIFORNIA FEDERAL UNIT #10	Subsequent	Report	Plugging Bac	c	
Final Abandonment Notice Altering Casing Conversion to Injection Dispose Water (Note: Report results of multiple completion on We Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally dr WELL WAS PERMITTED AS SOUTHERN CALIFORNIA FEDERAL UNIT #10					
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 dry give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*	Final Aban	donment Notice			
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 dri give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)* WELL WAS PERMITTED AS SOUTHERN CALIFORNIA FEDERAL UNIT #10				e	
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 dri give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)* WELL WAS PERMITTED AS SOUTHERN CALIFORNIA FEDERAL UNIT #10					(Note: Report results of multiple completion on We
WELL WAS PERMITTED AS SOUTHERN CALIFORNIA FEDERAL UNIT #10	Describe Proposed or Complete	d Operations (Clearly state all pertinent d	etails, and give pertinent dates	including estimated date of start	Completion or Recompletion Report and Log form
	give subsurface location	ons and measured and true vertical depths f	for all markers and zones perti	nent to this work.)*	ing any proposed work. If wen is unectionally an
	WELL WAS PERMITTE	AS SOUTHERN CALLEORNIA	FEDERAL LINIT #10		
1) SET 1000' OF 13 3/8" SURFACE CASING IN PLACE OF 850' OF 13 3/8" SURFACE CASING.		7 AS SOUTHERE CALL ON TA	TEDERAL UNIT #10		
	1) SET 1000' OF (13 3/8" SURFACE CASING IN	PLACE OF 850' OF	13 3/8" SURFACE CAS	STNG
				10 0/0 JUNIACE CAL	514d.

14. Thereby pertify that the foregoing is true and correct Signed <u>Conce</u> ordo		ENGINEERING TECH	Date 10/30/97
(This space for Federal or State office use) Approved by <u>MAP CONTRACTOR DAVID R GLASS</u> Conditions of approval, if any:	Title	PETROLEUM ENGINEEF	NOV 0 5 1997

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

-ROSVELL OFFICE 19100131 p 2:34

Form 3160-5 I' (June 1990) DEPARTMEN BUREAU OF I	5. Lease Designation and Serial No.	
	ND REPORTS ON WELLS	NM LC063586 6. If Indian, Allottee or Tribe Name
	or to deepen or reentry to a different reservoir. PERMIT - " for such proposals	N/A
		7. If Unit or CA, Agreement Designation
		Southern California Federal
1. Type of Well Quil Gas Well Other 2. Name of Operator		Unit 8. Well Name and No. 10 WIW
Pioneer Natural Resources USA, Inc.		0 ADD WALLING
3. Address and Telephone No.		9. API Well No.
P.O. Box 3178 Midland, TX 79702	915 571-3976	10. Field and Pool, or exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey De 450' FSL & 2000' FEL, Sec. 29, T195	-	Lusk Delaware, West
		11. County or Parish, State
		Lea NM
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT	, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	
X Notice of Intent	Abandonment	X Change of Plans
	Recompletion	New Construction
Subsequent Report	Plugging Back	Non-Routine Fracturing
Final Abandonment Notice	Casing Repair Altering Casing	Water Shut-Off
		Conversion to Injection Dispose Water
		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
 New Intermediate hole size will New Cementing Program for intern New Cementing Program for product BOP & choke manifold will increation No lower Kelley cock will be use 	mediate casing: 685 sxs lead + 200 sxs tail 825 sxs lead + 150 sxs tail ction casing: 900 sxs ase to 5000 psi.	(Stage One) (Stage Two)

(This space for Foderal or State office use) VID R. GLASS Approved by	
Conditions of approval, if any:	

SEP 1 0 1997 Date _

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.