

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division  
1625 N. French Dr.  
Hobbs, NM 88240

FORM APPROVED  
Bureau No. 1004-0135  
Revised 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 type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Water Injection Well	5. Lease Designation and Serial No. NM 05148
2. Name of Operator Momentum Operating Co., Inc.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. c/o Oil Reports & Gas Services, Inc. 1008 W., Broadway, Hobbs, NM 88240 505/393-2727	7. If Unit or CA, Agreement Designation 8910115850
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 10'/FSL & 660'/FWL Sec 11, T20S, R33E	8. Well Name and No. Teas Yates Unit Tr 13 #2
	9. API Well No. 30-025-28033
	10. Field and Pool, or Exploratory Area Teas Yates SR
	11. County or Parish, State Lea Co., NM

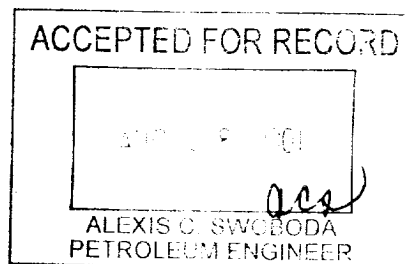
12. CHECK APPROPRIATE BOX(es) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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 Back on 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.)\*

Open valves & place back on injection 1/15/01.



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

Signed [Signature] Title Agent Date 8/22/01

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any: