

RECEIVED
SUMMARY NOTICES AND REPORTS ON WELLS

APR 1 10 10 AM '92

1. NAME OF OPERATOR

2. NAME OF OPERATOR

Tempo Energy Inc.

3. ADDRESS OF OPERATOR

P.O.Box, 1712, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)

At surface

2270/N + 1850/E unit G

14. PERMIT NO.

15. ELEVATIONS (Show whether BL, RT, GR, etc.)

3646.0' GL

16

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

XX

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)

1. 8 5/8" 24# Surface Casing Set @ 1039', Cemented Back To Surface W/408 SX.Cement
2. 5 1/2" Casing 15.5# Set @ 3575' Cemented Back To Surface W/650 SX.Cement
3. Well Was Perforated From 3420'-3428' w/38 JS
4. Prep To P&A, Plug #1, Set Cement Retainer At 3350', Squeeze Perforations with 35 Sacks Cement, Sting Out Of the Cement Retainer, Dump 2 Sacks Cement on top Of the Retainer, Pull Tbg. Clear Of The Cement, Circulate Casing Volume To Drilling Mud
5. Plug # 2 50' Below to 50' above Base Of Surface Casing, 1089' TO 989' 15 Sacks
6. Plug #3 50' Back To Surface, Cut Off Casing Head, & Set Dry Hole Marker

(Note) Drilling Mud Spacer Between Plugs

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

SIGNED *Bobby Degeugh*

TITLE Agent

DATE 3/30/92

(This space for Federal or State office use)

APPROVED BY *David H. Glass*
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 4-3-92

*See Instructions on Reverse Side

NM-39156

IF INITIAL, ALLOTTEE OR TRIBE NAME

7. OPERATOR NAME

8. FARM OR LEASE NAME

Federal 24

9. WELL NO.

10. FIELD AND POOL OR WILDCAT

Teas Y-SR

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

24, T20S, R33E

12. COUNTY OR PARISH 13. STATE

Lea

NM

RECEIVED
MAR 31 3 01 PM '92
BUREAU OF LAND MANAGEMENT
HOBBES, NM.