

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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. WELL TYPE WELL ☒ OTHER	5. LEASE DESIGNATION AND SERIAL NO. NM-39156
2. NAME OF OPERATOR Tempo Energy, Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 4000 N. Big Spring, Suite 109, Midland, TX 79705	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit G, 2270' FNL & 1850' FEL	8. FARM OR LEASE NAME Federal 24
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DE, RT, GR, etc.) 3646.0 GL	10. FIELD AND POOL, OR WILDCAT Teas Y-SR
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 24, 20-S, 33-E
	12. COUNTY OR PARISH Lea
	13. STATE NM

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

NOTICE OF INTENTION TO

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	PULL OR ALTER CASING
CHANGING DEPTH	MULTIPLE COMPLETION
SHOOTING OR ACIDIZING	ABANDONMENT
OTHER	CHANGING

WATER SHUT-OFF	REPAIRING WELL
FRACURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING	ABANDONMENT
OTHER	

*NOTE: Report results of multiple completion or Well Completion or Perforation Report and Log form.

17. If the well is a directional well, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to the well.

1. Spudded well at 3:15 a.m. on 10-12-89. Drilled to 1039' and set 8 5/8" casing and cemented with 250 sx. cement. Circulated cement.
2. Drilled to a total depth of 3596'. Ran logs. Ran 5 1/2" casing to 3575' and cemented w/650 sxs. Circulated cement.
3. Perforated from 3420-3438' w/38 shots. Acidized perforations w/ 500 qsl. 7 1/2% Hcl. Prep to run rods and pump. Prep to test.

RECEIVED

18. I, the undersigned, certify that the foregoing is true and correct.

SIGNED *Jana K. Morgan*
(This space for Federal or State office use)

TITLE Secretary/Treasurer

DATE 11-30-89

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

RECEIVED

DEC 21 1989

OCD
HOBBS OFFICE