Formerly 9-331) DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)
BUREAU OF LAND MANAGEMENT

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.)

RECEIVED
APR 19 10 05 AM '91
CARLSBAD, NEW MEXICO

5. LEASE DESIGNATION AND SERIAL NO.: NM-03226
6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
7. UNIT AGREEMENT NAME:
8. FARM OR LEASE NAME: PAYNE FEDERAL
9. WELL NO.: 1
10. FIELD AND POOL, OR WILDCAT: TRISTI DRAW DELAWARE
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 35-23S-32E
12. COUNTY OR PARISH: LEA
13. STATE: N.M

1. OIL WELL [X] GAS WELL [ ] OTHER
2. NAME OF OPERATOR: TEMPO ENERGY, INC.
3. ADDRESS OF OPERATOR: 4000 N. Big Spring Suite 109 Midland, Tex
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: F-2310 FF NORTH & 2310 FF WEST
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING		WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE		FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[X]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS		(Other)			
(Other)				(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.)*

Plug #1 4½ CIBP @ 4900' w/35' cement
Plug #2 40sks across 4½ stub 50'in/50'out "Jay"
Plug #3 50sks across 8⅝ Shoe Jay
Plug #4 50 FEET surface
~~Plug~~ USE CLASS "C" CEMENT.
9.5 mud between all plugs
Install dry hole Marker
RESTORE LOCATION.

Allsup's (Smith Bros Cap Pullers)

18. I hereby certify that the foregoing is true and correct
SIGNED [signature] TITLE Agent DATE 4/17/91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 4-22-91
CONDITIONS OF APPROVAL, IF ANY:
A BLM TECHNICIAN MUST BE PRESENT - - -

*See Instructions on Reverse Side

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.