

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions c
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 0326

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Payne Federal

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Triste Draw

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

Sec. 35, T23S, R32E

12. COUNTY OR PARISH

Lea

13. STATE

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Tempo Energy, Inc.

3. ADDRESS OF OPERATOR

4000 N. Big Spring, Suite 109, Midland, TX 79705

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

1650' FNL & 1650' FWL, Sec. 35, T23S, R32E

14. PERMIT NO.

Approved 7-11-85

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

3671.4 GR.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☒

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

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.)*

8-06-85 Spud well @ 1:00 A.M.

8-08-85 Drilled to 1092' and set 9 5/8" 36# casing @ 1092' and cemented with 250 sx. Class "C" with 4% gel + 200 sx. Class "C" Neat. Circulated to surface.

8-13-85 Reached TD of 5057', cut core from 4997' - 5057', no show, prep. to plug and abandon.



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

SIGNED

TITLE President

DATE 8-20-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

AUG 23 1985

*See Instructions on Reverse Side