Form 3160-5 (June 1990)	UNITED STATES DEPARTMENT OF THE INTE BUREAU OF LAND MANAGE		N.A., Oil Co Marco (GRO Horses NAM 29	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No. NM62223 94616			
Do not use this fo	SUNDRY NOTICES AND REPORTS ON Imm for proposals to drill or to deepen or r Use "APPLICATION FOR PERMIT - " for s SUBMIT IN TRIPLICAT	eentry to a difi uch_proposals_		 If Indian, Allottee or Tribe Name If Unit or CA, Agreement Designation 			
3. Address and Telephone P.O. Box 51810	SOURCES 0il & Gas Company e No. 0. Midland, Texas 79710-1810 tage, Sec., T., R., M., or Survey Description) 2310' FEL	915-688-901	2	8. Well Name and No. Diamondtail 34 Fed # 1 9. API Well No. 30-025-32879 10. Field and Pool, or exploratory Area Triste Draw Bone Spring 11. County or Parish, State Lea NM			
TYPE OF	APPROPRIATE BOX(s) TO INDICATE SUBMISSION ce of Intent SUBJECT TO LIKE APPROVAL 1 Abandonment Notice SY STATE Completed Operations (Clearly state all pertinent details, and the vertical denths for all mark	Abandonment Recompletion Plugging Back Casing Repair Altering Casing X Other	TYPE OF ACTION	Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

Deepen within casing and add Triste Draw Bone Spring Pool perfs and downhole commingle with the Triste Draw Delaware Pool. DHC Order #1358 approved 9-20-96. Following is the procedure:

Unseat TAC; tag bottom. Run GR-CCL log from 10.171' PBTD to 8700'. GIH w/ 4" gun loaded 2 shots/ft and perf 9946'-9954'. 10.010'-10.020' (40 holes. 1st Bong Spring Sand). Spot 400 gals of 15% Hydrochloric acid across perfs. Set packer at 9850'. Acidize down 2 7/8" tubing with 3.000 gals 15% Hydrochloric acid. If frac is warranted, unseat packer and reset at 9850'. Frac down 2 7/8" tubing with 29,000 gals Delta Frac 25 w/ 70.300 lbs 20/40 Tempered LC sand. Swab to clean well. Unseat packer. POOH with tubing and packer. Circulate out any sand fill to PBTD. GIH with tubing so that SN is at 9900'. GIH w/ rods and pump and put back on production.

DHC-1358		<u> </u>	
4. I hereby certify that the foregoing is true and correct Signed <u>Cabaran Magnelss</u> Title <u>Re</u>	gulatory Assistant	Date <u>10/30/97</u>	
(This space for Federal or State office use) Approved by (ORIG. SGD.) ALEXIS C SWOBODA Title	STRUES IN LATER.	Date	
Approved by Conditions of approval, if any:		2	

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.

District I PO Box 1980, Hobbs, NM 88241-1980 District II 811 S. 1st Street, Artesia, NM 88210-2834 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 2040 South Pacheco, Santa Fe, NM 87505

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

Form C-102 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office State Lease - 4 Copies Fee Lease - 3 Copies

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number				² Pool Code		³ Pool Name					
30-025-32879							ste Draw Bone Spring				
⁴ Property Code				⁵ Property Name				⁶ Well Numbe			Well Number
59930				Diamondtail '34' Federal ⁸ Operator Name						ā	1 Elevation
7 OGRID	No.				-						
264	26485 Burlington Resources Oil & Gas Co. 3636'										
¹⁰ Surface Location											
UL or lot no.	Section	Township	Range	Lot. Idn	Feet from			Feet from the			·
J	34	235	<u>32E</u>		198		South	2310' East Lea			
			Во	ttom Hol			erent From Surfac		T :		
UL or lot no.	Section	Township	Range	Lot. Idn	Feet from	n the	North/South Line	Feet from the	East/West line County		County
12 Dedicated Acro	s 13 Joint	or Infill 14	Consolidation	Code 15	Order No.	. <u></u>	1	I	1		
40											
	WABLE W	VILL BE A	SSIGNED	TO THIS	COMPLE	ΓΙΟΝ Ι	JNTIL ALL INT	ERESTS HAV	E BEEI	N CON	SOLIDATED
no nebo		ORAN	NONSTAL	NDARD	UNIT HAS	BEEN	APPROVED B	THE DIVISION	ON		
								¹⁷ OPERA	TOR C	ERTIF	ICATION
							I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.				
											0 1
								0.	,		
							Signature				
							Deborah Magness				
							Regulatory Assistant				
							Title				
							<u>10/30/97</u> Date				
						¹⁸ SURVEYOR CERTIFICATION I hereby certify that the well location shown on this					
				- "		3		was plotted from	field no.	tes of ac	tual surveys made by
				#	1	1		me or under my and correct to the l	supervisi sest of my b	on, and setief.	that the same is true
						j					
						ſ					
								Date of Survey			
								Signature and Sea	al of Profe	ssional Su	arveyer:
							<u></u>	Certificate Numb	er		