

UNITED STATES **N.M. Oil Cons. Division**
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
**1625 N. French Dr.
Hobbs, NM 88240**

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

| | |
|---|---|
| 1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other | 7. If Unit or CA, Agreement Designation |
| 2. Name of Operator Toco L.L.C. | 8. Well Name and No. Mary Federal #2 |
| 3. Address and Telephone No. 110 N. Marienfeld, Suite 200, Midland, TX 79701 | 9. API Well No. 30-025-34762 |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 213D FSL 66D' FEL | 10. Field and Pool, or Exploratory Area |
| | 11. County or Parish, State Lea County, NM |

12. **CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

| TYPE OF SUBMISSION | TYPE OF ACTION |
|---|---|
| <input type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion |
| <input type="checkbox"/> Final Abandonment Notice | <input checked="" type="checkbox"/> Plugging Back |
| | <input type="checkbox"/> Casing Repair |
| | <input type="checkbox"/> Altering Casing |
| | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Change of Plans |
| | <input type="checkbox"/> New Construction |
| | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Water Shut-Off |
| | <input type="checkbox"/> Conversion to Injection |
| | <input type="checkbox"/> Dispose Water |

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

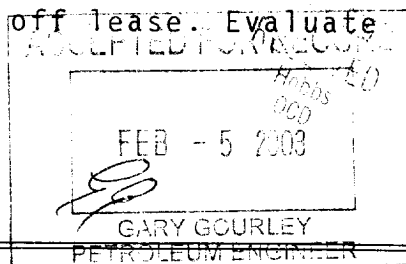
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Brushy Canyon, production not economic. Plug back to Delaware zone 5/18/00 RIH and set a 4-1/2" CIBP @ 7770'. Pressure up on casing and CIBP to 500#, held OK. Perforate 20 holes from 7320-7355'. Acidize perfs w/2000 gal 15% acid. Swab test well.

5/22/00 Frac perfs w/11,000 gals Ambor 1030 + 21000# 20/40 sand @ 11BPM and 1400#. ISIP 900#, 15 mm SIP 780#.

5/23/00 Put well on pump and test zone, Tested all water. SWI.

1/31/03 Well TA'd. All production equipment moved off lease. Evaluate geology further before doing additional work.



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

Signed [Signature]
(This space for Federal or State office use)

Title Production Manager

Date 1/31/03

Approved by _____
Conditions of approval, if any:

Title _____

Date _____

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