

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR. DATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-01
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. OIL WELL ☒ GAS WELL ☐ OTHER ☐		5. LEASE DESIGNATION AND SERIAL NO. 030139H	
2. NAME OF OPERATOR TENISON OIL COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -----	
3. ADDRESS OF OPERATOR 8140 Walnut Hill Lane, #601, Dallas, TX. 75231		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 2310' FSL and 1650' FEL Sec. 28 T23S R36E NMPM		8. FARM OR LEASE NAME Lynn	
14. PERMIT NO.		9. WELL NO. 364	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3455' RT		10. TIME FOR WORK OR REPORT -----	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA 28 - 23S - 36E NMPM	
		12. COUNTY OR PARISH LEA	13. STATE NM

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 COMPLETION ☐
ABANDON* ☐
CHANGE PLANE ☐

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.)

Well made 100% water on previous test.

1. Set CIBP at 3275'.
2. Perforate selected intervals from 3180' to 3267'.
3. Acidize perforations.
4. Test well
5. Frac well if necessary.
6. Test well and put on production.

Estimated starting date: July 10, 1991.

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

SIGNED

TITLE Operations Manager

DATE 7/1/91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE 8-1-91

CONDITIONS OF APPROVAL, IF ANY: