

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
1625 N. French Dr.
Hobbs, NM 88240

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993
License Designation and Serial No.

LC030467B

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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	6. If Indian, Allottee or Tribe Name
2. Name of Operator Tenison Oil Company	7. If Unit or CA, Agreement Designation
3. Address and Telephone No. 401 Cypress St., #500, Abilene, TX 79601 (915) 672-7281	8. Well Name and No. Vaughn B-3 #5
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 990' FNL & 2310' FWL Sec. 3, T-24-S, R-36-E	9. API Well No. <u>30-025-09500</u> <u>30025090000SI-</u>
	10. Field and Pool, or Exploratory Area Jalmat
	11. County or Parish, State Lea

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 checked="" type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other	<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.)*

1-17-02 Set 5-1/2" CIBP @ 2950' cap w/ 35' cmt. w/ dumpbailer.
1-17-02 Mix mud & circulate.
1-17-02 Spot 35 sx cmt. @ 1300'.
1-18-02 Tag plug @ 981'.
1-18-02 Spot 10 sx cmt. from 35' to surface.
1-18-02 Install dry hole marker.

Approved as to plugging of this well being
Liability under bond is released with
surface operations completed.

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

Signed [Signature] Title Agent Date 1-22-02

(This space for Federal or State agency use)

Approved by (ORIG. SGD.) DAVID R. GLASS
Conditions of approval, if any:
FEB 11 2002

Title _____ Date _____

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.

DAVID R. GLASS
PETROLEUM ENGINEER

*See Instruction on Reverse Side

X

[REDACTED]

RECEIVED
2002 FEB 11 AM 10:35
BUREAU OF LAND MANAGEMENT
HOWELL OFFICE

FEB 11 2003