

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

FORM APPROVED

Bureau No. 1004-0135

Expires: March 31, 1993

Lease Designation and Serial No.

LC 030467B

**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

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Tenison Oil Company

3. Address and Telephone No.

401 Cypress #500, Abilene, TX 79601

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

330' FNL & 330' FEL  
Sec. 9, T-24-S, R-36-E

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Vaughn B-9#1

9. API Well No.

30025095220051

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

☐ Notice of Intent

☒ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☒ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☐ Other

☐ 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.)

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.)

01-18-02 Set 5-1/2" CIBP @ 3250' cap w/ 35' cmt. w/ dumpbailer, tag @ 3205'.  
01-18-02 Mix mud & circulate.  
01-19-02 Cut 5-1/2" csg. @ 1450'.  
01-19-02 Spot 40 sx cmt. @ 1500'.  
01-21-02 Tag plug @ 1317'.  
01-21-02 Spot 15 sx cmt. from 35' to surface.  
01-21-02 Install dry hole marker.

Approved as to plugging of the well.  
Liability under bond is required until  
surface restoration is completed.

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

Signed

Title Agent

Date 01/22/02

(This space for Federal or State office use)

Approved by (ORIG SGD) DAVID R. GLASS

Title

Date

FEB 11 2002

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

RECEIVED  
2002 FEB 11 AM 10:34  
BUREAU OF LAND MGMT  
FOSWELL OFFICE



# NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

**GARY E. JOHNSON**  
Governor  
**Jennifer A. Salisbury**  
Cabinet Secretary

**Lori Wrotenbery**  
Director  
Oil Conservation Division

**CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

September 8, 2000

22247  
TENISON OIL CO  
401 CYPRESS ST  
STE 500  
ABILENE, TX 79601

**Re: Current Status of Oil and Gas Wells**

In May of this year, the Oil Conservation Division ("Division") sent a letter to you setting forth the Division's information on wells for which you are the operator of record. The letter requested a response with additional information. The Division has had no response to the letter. The Division presumes you agree with the information in the letter regarding your inactive wells.

The wells have not shown production or been reported on Form C-115 for more than one year. The wells are not in compliance with the Division's rules and the New Mexico Oil and Gas Act.

You are hereby directed to bring these wells into compliance within 60 days. In the alternative, within 30 days you may submit a compliance plan including a schedule of activities with dates.

Sincerely,

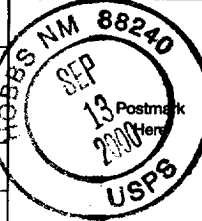
Chris Williams  
District Supervisor

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

TENISON OIL CO

Postage \$ .33  
Certified Fee 1.40  
Return Receipt Fee (Endorsement Required) 1.25  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$ 2.98



Name (Please Print Clearly) (To be completed by mailer)

Street, Apt. No., or PO Box No.

City, State, ZIP+4

PS Form 3800, July 1999

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

22247  
TENISON OIL CO  
401 CYPRESS ST  
STE 500  
ABILENE, TX 79601

2. Article Number (Copy from service label)

7099 3220 0001 9918 7625

PS Form 3811, July 1999

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

William B. TENISON

C. Signature

X William B. Tenison

☒ Agent  
☐ Addressee

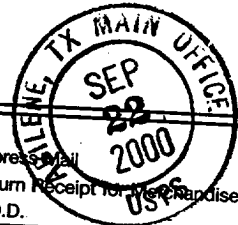
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



102595-00-M-0952