

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions
reverse side)

Form approved.
Budget Bureau No. 1004-0135
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR SABA ENERGY OF TEXAS, INC.	8. FARM OR LEASE NAME Farnsworth A Federal
3. ADDRESS OF OPERATOR 4500 W. Illinois, Suite 213 Midland, Texas 79703	9. WELL NO. 12
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface	10. FIELD AND POOL, OR WILDCAT Scarborough Yates Seven Rivers
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T-26-S, R-37-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 890' N&W SJS	12. COUNTY OR PARISH Lea
	13. STATE New Mexico

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 COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Partial plug & pressure test

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.)

Spotted 30 sx class cement w/4% Ca Cl and 4 sx cellophane flakes at 2729'. Tagged top of plug at 2623'. Pressure tested casing. Pressure bled from 520 psi to 480 psi in 15 minutes. Witnessed by Mr. McManus.

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

SIGNED

N. G. Krausitz

TITLE Engineer

DATE 5-19-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR 12 MONTH PERIOD

ENDING 5/31/90

*See Instructions on Reverse Side

SJS

RECEIVED

JUN 14 1989

OCD
HOBBS OFFICE