

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. <u>NM-7951</u>
2. Name of Operator <u>Patterson Operating & Pumping, Inc.</u>	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. <u>P.O. Box 50076 Midland, Tx. 79710 915-684-3751</u>	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <u>P SEC. 14 T 26S R 37E</u> <u>660 S 660 E</u>	8. Well Name and No. <u>Glenn Ryan #27</u>
	9. API Well No. <u>30-025-25579</u>
	10. Field and Pool, or Exploratory Area <u>S. Leonard Field</u>
	11. County or Parish, State <u>Lea County, NM</u>

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

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input 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 checked="" type="checkbox"/> Other <u>Apply for TA status</u>	<input type="checkbox"/> Dispose Water

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.)*

Apply for TA status.
Will receive notification of pressure test 24 hours
prior to test.

14. I hereby certify that the foregoing is true and correct		
Signed <u>JD</u>	Title <u>Prod. Clerk</u>	Date <u>10/23/00</u>
(This space for Federal or State office use)		
Approved by <u>(ORIG. SGN.) JOE G. LARA</u>	Title <u>Petroleum Engineer</u>	Date <u>11/22/2000</u>
Conditions of approval, if any:		