

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other Instructions
reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-030180 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Saba Energy, Inc.

3. ADDRESS OF OPERATOR

4500 W. Illinois, Suite 213, Midland, TX 79703

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

890' FNL, 890' FWL (Unit D, NW/4 NW/4)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Farnsworth A Fed.

9. WELL NO.

12

10. FIELD AND POOL, OR WILDCAT

Scarborough-Yates-7 Rivers

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

18-26-37

14. PERMIT NO.

15. ELEVATIONS (Show whether SL, RT, GR, etc.)

2969' RDB

12. COUNTY OR PARISH 13. STATE

Lea

New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Temp. Abandoned

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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.)*

1. Opened well head, pulled slip out of tubing
2. RIH w/ bit & scraper and cleaned out
3. RIH w/ CIPB by means of wireline
4. Filled hole w/ inhibited fresh water; placed well head back together (Test Casing)
5. Closed all valves and T.A.

No surface equipment present on well site other than the well head

RECEIVED
APR 13 12 21 AM '89
BUREAU OF LAND MGMT.
HOBBS, NM.

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

SIGNED

Bruce M. Patterson

TITLE Engineer

DATE April 12, 1989

(This space for Federal or State office use)

APPROVED BY

Shamond Shaw

FOR:

TITLE

DATE

4-25-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

APR 28 1989

OCD
HOBBS OFFICE