Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

N.M. Oil Cons. Division

N.M. Oil Cons. Division

Budget Bureau No. 1004-0135

Expires: March 31, 1993

Hobbs, NM 8524 se Designation and Serial No.

SUNDRY	NOTICES	AND	REPORTS	ON	WELLS	

Do not use this form for proposals to dr	AND REPORTS ON WELLS fill or to deepen or reentry to a different reservoir.	6. If Indian, Allottee or Tribe Name
	R PERMIT—" for such proposals IN TRIPLICATE	7. If Unit or CA, Agreement Designation
I. Type of Well		
	8. Well Name and No.	
2. Name of Operator	Exxon Federal #1	
Tempo Energy, Inc.	9. API Well No.	
3. Address and Telephone No.	30-025-27358	
P. O. Box 1034, Midland, Text	10. Field and Pool, or Exploratory Area	
	Mason; Delaware, North	
UL or Lot No. P, Section 8,	11. County or Parish, State	
	South Line and 999 feet from the	T 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
East Line	\ TO \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Lea County, NM
12. CHECK APPROPRIATE BOX	s) TO INDICATE NATURE OF NOTICE, REPO	ORT, OR OTHER DATA
TYPE OF SUBMISSION	1	
Notice of Intent	Abandonment	Change of Plans
_	Recompletion	New Construction
Subsequent Report	Plugging Back	Non-Routine Fracturing
$\overline{\Omega}$	Casing Repair	Water Shut-Off
Final Abandonment Notice	Altering Casing	Conversion to Injection
	Other Change of Operator Effective 12/1/97	Dispose Water (Note: Report results of multiple completion on Well
		Completion or Recompletion Report and Log form.)
	Il pertinent details, and give pertinent dates, including estimated date of startical depths for all markers and zones pertinent to this work.)*	ng any proposed work. If well is directionally drilled
As required by 43 CFR 3100.0 of operator on the above ref	-5(a) and 43 CFR 3162.3 we are notify erenced lease.	ring you of a change
	perator, accepts all applicable terms s concerning operations conducted on	
. 9.	eral bonding requirements as follows: The effective date of this change is	
The above described well has	been and is still shut-in.	
2		
14 I hereby certify that the poregoing is true and correct	Title AGENT	Date 10/9/98
(This space for Federal or State office use)	1100	Date
(ORIG. SGD.) DAVID Approved by Conditions of approval. if any:	R. GLASS	Date