

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI
(Other instruction
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO

NM-16353

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Exxon "A" Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Double "X" Delaware

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

Sec. 27, T-24-S, R-32-E

12. COUNTY OR PARISH

Lea

13. STATE

NM

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 ☐ GAS WELL ☐ OTHER ☒ Salt Water Disposal

2. NAME OF OPERATOR

Tempo Energy, Inc.

3. ADDRESS OF OPERATOR

4000 N. Big Spring, Suite 109, Midland, Texas 79705

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980' FSL & 1980' FWL of the Section

14. PERMIT NO.

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

3542' GL

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) ☒ Converted to Salt Water Injection

(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.)*

2/10/85 Order approved 2-8-85 for injection of salt water.

3/01/85 Begin disposing into well with 100# injection pressure.

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

SIGNED

TITLE President

DATE 10-7-86

(This space for Federal or State agency use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL IF ANY
OCT 31 1986

CARLSBAD, NEW MEXICO See Instructions on Reverse Side