

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SWD well		5. LEASE DESIGNATION AND SERIAL NO. NM-19447	
2. NAME OF OPERATOR Tempo Energy, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -----	
3. ADDRESS OF OPERATOR 4000 N. Big Spring, Suite 109, Midland, Texas 79705		7. UNIT AGREEMENT NAME -----	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 705' FSL & 600' FWL of Sec. 9, T26S, R32E		8. FARM OR LEASE NAME Exxon Federal	
14. PERMIT NO. N/A		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3210' GL		10. FIELD AND POOL, OR WILDCAT North Mason-Delaware	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, T26S, R32E	
		12. COUNTY OR PARISH Lea	13. STATE NM

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Altering well for SWD	

(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. Ran tubing in hole with Baker Model "R" production packer and set at 4000'.
2. Previously perforated from 4482' to 4502' with 1 shot per foot when well was drilled and then designated a dry hole. We will use the perforations from 4482' to 4502' for the injection interval. Delaware sand (Ramsey zone), North Mason Delaware field.
3. Tested the tubing and packer to 1000# for 30", tested OK.
4. Started disposing into the well July, 1985.

ACCEPTED FOR RECORD

NOV 21 1986

CARLSBAD, NEW MEXICO

RECEIVED

NOV 19 1986

HOBBS, NEW MEXICO

I hereby certify that the foregoing is true and correct

SIGNED

TITLE President

DATE 11-17-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL

Subject to
Like Approval
by State

*See Instructions on Reverse Side