

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL...
(Other instructions on re-
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-19447

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Exxon Federal

9. WELL NO.

2

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

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 Convert to SWD Injection Well

2. NAME OF OPERATOR

Tempo Energy, Inc.

3. ADDRESS OF OPERATOR

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

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

705 FSL & 660 FWL of Sec. 9, T26S, R32E

14. PERMIT NO.

N/A

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

3210 G.L.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Convert to SWD Injection Well

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

(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.)*

We request approval to convert this well to a SWD Injection Well.

**(PLEASE SEE STATE APPROVAL ATTACHED)

**Also enclosed is a copy of the Approved C-104 for the Change of Operator
from Jubilee Energy Corporation to Tempo Energy, Inc.

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

SIGNED

TITLE President

DATE 5-29-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE 6-10-86

CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

*See Instructions on Reverse Side