

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions re
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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-02889
2. NAME OF OPERATOR Tahoe Energy, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A
3. ADDRESS OF OPERATOR 4402 West Industrial - Midland, Texas 79703		7. UNIT AGREEMENT NAME N/A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2260' FEL & 660' FSL W		8. FARM OR LEASE NAME Wimberly
14. PERMIT NO.		9. WELL NO. 6
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3629' GR		10. FIELD AND POOL, OR WILDCAT Double X Delaware
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 11, Twp 24-S, Rng 32-E
		12. COUNTY OR PARISH Lea
		13. STATE N.M.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input checked="" type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <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.) *

- 1.) MIRU reverse unit and clean out to float collar @ 5053'.
- 2.) Run GR/Collar Log from 5053' to 4700'.
- 3.) Perforate Ramsey with 12 holes as follows:
4935', 37', 41', 45', 48', 52', 61', 65', 69', 73', 76', & 4988'.
- 4.) Acidize with 1,000 gallons of 7' % acid + 20 ball sealers and attempt to ball out all perforations.
- 5.) Swab test thru 2 3/8" tubing.
- 6.) If required, Fracture Treat with 10,000 gallons of 30# x-link gel + 12,000# 10-20 frac sand.
- 7.) Put on rod pump and test.

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

(X)
SIGNED [Signature] TITLE President DATE 12-18-87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 1-25-88

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
JAN 28 1988
GCD
HOBBS OFFICE