

UNIT STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on
reverse 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-0321613	
2. NAME OF OPERATOR TAHOE ENERGY, INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 3909 W. Industrial, Midland, TX 79703		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 Unit K, 1980' FSL, 1980' FWL of Sec. 26, Twp. 24-S, Rng. 37-E, Lea County, New Mexico		8. FARM OR LEASE NAME Jack B 26	
14. PERMIT NO. NA		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3196		10. FIELD AND POOL, OR WILDCAT Langlie Mattix 7-R Queen	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T24S, R37E	
		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:		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 type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input 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) C.O. & P.O.P.		(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 completion unit; pull 2-3/8" tbg and check TD; if well bore has fill above 3409', MIRU reverse unit & ~~QA~~ to 3410';
- 2) Run 2-3/8" tbg and set @ (±) 3400';
- 3) Run 2" x 1-1/4" x 12' pump & 3/4" sucker rods;
- 4) Set pumping unit & put on pump;
- 5) Install electric line and poles to Jack B 26 #2;

RECEIVED

OCT 27 1988

HOBBS, NEW MEXICO

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

SIGNED J. A. Freeman

TITLE President

DATE 10-25-88

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 11-9-88

*See Instructions on Reverse Side