

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM 103603-A
2. NAME OF OPERATOR Great Lakes Chemical Corporation	6. INDIAN ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 2200 West Lafayette, Ind. 47906	7. UNIT AGREEMENT NAME Hammond
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1840' FNL, 1750' FWL, Sec. 36, T27N, R8W	8. FARM OR LEASE NAME
14. PERMIT NO.	9. WELL NO. 5
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6110' GR, 6122' KB	10. FIELD AND POOL, OR WILDCAT Blanco Mesaverde
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T27N, R8W NMPM
	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico

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

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 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.)*

Great Lakes Chemical Corporation respectfully requests permission to produce the well at low volumes and to have the well shut-in for indefinite periods due to the purchaser under an effective contract refusing to take gas as required by the contract. Litigation is pending between Great Lakes Chemical Corporation and the purchaser and Great Lakes Chemical Corporation believes that litigation and the resulting marketing conditions will continue for a year or more.

30-045-22677

RECEIVED

JAN 10 1990

OIL CON. DIV.
DIST. 3

THIS APPROVAL EXPIRES JAN 08 1991

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

SIGNED Ken Townsend

TITLE Manager - Planning

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

UNMOOD

*See Instructions on Reverse Side

APPROVED

DATE 11/6/89

DATE JAN 08 1990

Ken Townsend

FOR AREA MANAGER
FARMINGTON RESOURCE AREA