(No	UNITED STATES ### SUBMIT IN TRIPLICATE* (Other instructions on re- ### DEPARTMENT OF THE INTERIOR verse aide) ### BUREAU OF LAND MANAGEMENT		Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO. NOO-C-14-20-5528 6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
	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.	ILL X GAS OTHER			7. UNIT AGREEMENT NAME		
	NAME OF OPERATOR	S. FARM OR LEASE NAME				
	James L. Ludwick			Indian /7		
		.O. Box 70, Farmington, NM 87499				
4.	LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface			Wildest Papers wash MI		
	430' FNL, 430' FWL			Sec. 17, T1		
14.	PREMIT NO. 15. ELEVATIONS (Show whether DF, RT, G		DF, RT, GR, etc.)	12. COUNTY OR PARISH		
		6614 GR		McKinley	NM	
16.	Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data					
	NOTICE OF INTENTION TO:			DENT REPORT OF:		
	TEST WATER SEUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING V	TBLL	
	PRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTBRING CA	₩	
	SHOOT OR ACIDIZE	ABANDON®	SHOOTING OR ACIDISING	ABANDONMBI	IT. X	
	Other) CHANGE PLANS (Other) (NOTE: Report results Completion or Recomp		of multiple completion	on Well		
	PLUGGED WELL # 1-17 DATE OF WORK: 4/20/93 1. Broke down perf, fill 5 1/2 casing with 140 sks. neat c gel. squeezed 5 sks. cement into perf's.			MAY1 8 1993 OIL CON. DIV		
	2. Waited 3 hrs pulled swedge, mixed 25sks. neat cement, filled casing with cement.					
	3. Back filled pits.			3 MAY 12)70 FARMII	REC B	
	4. Will install dry hole marker A reseed as soon as possib			03 MAY 12 AM II: 33 070 FARMINGTON, NM	LM EIV É D	
		Environ testeration	leagues of the exist to the second to the se			
18.	I hereby certify that the foregoing	/		- 1- 1-		
	IGNED James J. Luchelle TITLE Operator					
	This space for Federal or State o	This space for Federal or State office use)				
	APPROVED BY TITLE TITLE					
	CONDITIONS OF APPROVAL, IF ANY:			111000		
				1993		
		*See Instruction	ns on Reverse Side / 10	TOTAL MANAGE	En	