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 [X] GAS WELL [ ] OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR HIGH PLAINS PETROLEUM CORPORATION	8. FARM OR LEASE NAME Anasazi 14
3. ADDRESS OF OPERATOR %Brana Corp, First Interstate Bldg, Suite 1223, Albqu, NM 87102	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' fnl and 660' fel	10. FIELD AND POOL, OR WILDCAT Wildcat
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 14-20N-13W-NMPM
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6144Gr.	12. COUNTY OR PARISH 13. STATE McKinley 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 [ ]	PULL OR ALTER CASING [ ]	WATER SHUT-OFF [ ]	REPAIRING WELL [ ]
FRACTURE TREAT [ ]	MULTIPLE COMPLETE [ ]	FRACTURE TREATMENT [ ]	ALTERING CASING [ ]
SHOOT OR ACIDIZE [ ]	ABANDON* [ ]	SHOOTING OR ACIDIZING [ ]	ABANDONMENT* [ ]
REPAIR WELL [ ]	CHANGE PLANS [X]	(Other) _____	

(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.)*

Propose to change surface casing from 7 5/8", 26.00#/ft set at 200' to
7 5/8" casing, 26.00#/ft set at 100' and cemented with approx. 60 sxs of Class B
cement or sufficient cement to circulate to surface.

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

SIGNED _____ TITLE Morris B. Jones, Engineer   DATE August 23, 1982

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

SEP 02 1982

NMOCD