

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on 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.)

5. LEASE DESIGNATION AND SERIAL NO.

NM 24964

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Pot Mesa

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

WC Mesaverde *Hall*

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 10, T20N, R6W

12. COUNTY OR PARISH

McKinley

13. STATE  
New Mexico

RECEIVED

MAY 02 1985

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

14. PERMIT NO.

15. ELEVATIONS (Show whether at GL or FEL)

6891' GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other) Spud, Surface casing

(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.)\*

Spud 11:30 AM 4/30/85.

Ran 8-5/8" surface casing. Set casing @ 93' KB with 80 sx Class B (94.4 cu. ft.) 2% CaCl<sub>2</sub>.  
Circulated 1/2 Bbls to surface.  
Pressure tested to 600 PSI for 30 minutes.

RECEIVED  
MAY 03 1985  
OF LAND DIV.  
DIST. 3

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

SIGNED

TITLE

Operations Manager

DATE

5/1/85

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAY 08 1985

\*See Instructions on Reverse Side

NMOCG