

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.)

| | |
|--|---|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR Four Corners Exploration | 8. FARM OR LEASE NAME Lybrook |
| 3. ADDRESS OF OPERATOR P.O. Box 1067 Farmington, N.M. 87499 | 9. WELL NO. 3 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 950 FSL 760 FWL | 10. FIELD AND POOL, OR WILDCAT Lybrook Gallup |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3, T23N, R7W |
| 14. PERMIT NO. | 12. COUNTY OR PARISH Rio Arriba |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7070 GR | 13. STATE NM |

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BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE

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) <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.)*

Attempt to acidize well, found communication among perforations. Squeezed well to isolate perforations plan to reperforate and frac.

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OIL & GAS DIV.
1986

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

| | | |
|--|--------------------------------|-------------------------|
| SIGNED <u>James W. Gaudes</u> | TITLE <u>Drilling Engineer</u> | DATE <u>6-2-86</u> |
| (This space for Federal or State office use) | | ACCEPTED FOR RECORD |
| APPROVED BY _____ | TITLE _____ | DATE <u>JUN 09 1986</u> |
| CONDITIONS OF APPROVAL, IF ANY: | | |

FARMINGTON RESOURCE AREA
BY Sam

*See Instructions on Reverse Side

NMOCC