

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 080273	
2. NAME OF OPERATOR Four Corners Exploration Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR c/o P.O. Box 208, Farmington, NM 87499		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 950' fs1 760' fw1 Sec. 3 T23N R7W		8. FARM OR LEASE NAME Lybrook	
14. PERMIT NO.		9. WELL NO. 3	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 7070 GL 7082 RKB		10. FIELD AND POOL, OR WILDCAT Lybrook - Gallup	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3 T23N R7W NMPM	
		12. COUNTY OR PARISH Rio Arriba	
		13. STATE 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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" 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"/>	

(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.) \*

Spudded 12 1/4" hole @ 6:00 P.M. 3-21-86.  
Ran; 7 jts 8 5/8" OD, 24#, J-55, 8 Rd. ST & C Csg.  
TE 206' set @ 218' RKB cemented w/135 sks.  
class "B" plus 2% cacl. (total cement slurry 159 cu. ft.)  
P.O.B. @ 9:45 P.M. 3-21-86. Circ. 2 Bbls cement to surface.

RECEIVED  
APR 16 1986  
OIL CON. DIV.  
DIST. 3

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

SIGNED <u>Jim L. Jacobs - Agent</u> (This space for Federal or State office use)	TITLE <u>Geologist</u>	DATE <u>3-31-86</u> APPROVED FOR RECORD
APPROVED BY _____ CONDITIONS OF APPROVAL, IF ANY:	TITLE _____	DATE <u>APR 11 1986</u> FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side

NMOCC