

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. SF078272C
2. NAME OF OPERATOR Four Corners Exploration	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 1067 Farmington, N.M. 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 1700 FSL 370 FEL	8. FARM OR LEASE NAME Lybrook
14. PERMIT NO.	9. WELL NO. 2
15. ELEVATIONS (Show whether OF, AT, OR, etc.) 7150 GR	10. FIELD AND POOL, OR WILDCAT Lybrook Gallup
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T23N, R7W
	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

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MAY 29 1986

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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input checked="" type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<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.)\*

As per N.M. Oil & Gas Commission request, supplemental report is given to completion report regarding perforations and fracture. .34 perforation diameter, 5163, 5251, 5253, 5257, 5267, 5286, 5310, 5312, 5315, 5333, 5367, 5385, 5389, 5397, 5481, 5485, 5515, 5517, 5519, 5521, 5525, 5539, 5541, 5545, 5603, 5605, 5634, 5635, 5636, 5637, 5638, 5641, 5649, 5684, 5685, 5693, 5702, 5716, 5736, 5737. Well was perforated and fraced 4/16/86. Sand used was 130,000 # 20/40 Brady

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JUN 02 1986  
OIL CON. DIV.  
DIST. 3

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

SIGNED James W. Cude TITLE Drilling Engineer DATE 5-28-86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE MAY 30 1986

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

BY Jim

\*See Instructions on Reverse Side

NMOCC