Form	)-5 r 1983)	
	9-331	

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

## **UNITED STATES**

SUBMIT	TN	TRIPLE	CAT	710
(Other 1	aetz	uctions	on	re-

Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985

REPAIRING WELL

ALTERING CASING

ABANDON MENT\*

(November 1983)	Other instructions of	n re	
(Formerly 9–331) DEPARTI	MENT OF THE INTERIOR verse side)	5. LEASE DESIGNATION	AND SURIAL NO.
	U OF LAND MANAGEMENT	NM 080273	
SUNDRY NOT	ICES AND REPORTS ON WELLS uals to drill or to deepen or plug back to a different reservoir. ATION FOR PERMIT—" for such proposals.)	6. IF INDIAN, ALLOTTEE	OR TRIBE NAME
1.	RECEIVED	7. UNIT AGREEMENT NA	ME
OIL X GAS OTHER			
2. NAME OF OPERATOR	8. FARM OR LEASE WAY		
Four Corners Explora	Lybrook		
		9. WELL NO.	
	Farmington, N.M. 874 DUREAU OF LAND MANAGE FARMINGTON RESOURCE	SEMENT 4	
F.U. BUX 1007	Farmington, N.M. 87499	10. FIELD AND POOL, O	WILDCAT
See also space 17 below.)	Lybrook Gall	Lybrook Gallup	
950FSL - 760FWL		11. SEC., T., R., M., OR S SURVEY OR AREA	LE. AND
1570' - 2390'		Sec 3, T23N,	R7W
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH	18. STATE
17. Fannii NV.	7130'GL 7142RKB	Rio Arriba	NM
16. Check A	ppropriate Box To Indicate Nature of Notice, Report	, or Other Data	

(Other) CHANGE PLANS REPAIR WELL (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 sones pertinent to this work.) \* (Other)

Spud well at 2:30 PM 5-1-86

NOTICE OF INTENTION TO:

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

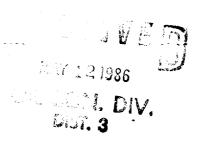
Ran 5 Jts 8 5/8 24th ST & C Surface casing (200') set at 212'

Cement with 135 sx class B with 2% cacl2 (159 cu.ft.) plug down at 7:30PM good circulation thru out job. Circulated 4 bbls good cement to surface.

WATER SHUT-OFF

PRACTURE TREATMENT

SHOOTING OR ACIDIZING



SUBSEQUENT REPORT OF:

18. I hereby certify that the foregoing is true and correct SIGNED Asses W Index	TITLE Drilling Engineer	
(This space for Federal or State office use)  APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE SURVEY NO SOURCE MALA
*0-	e Instructions on Reverse Side	BV