

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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. SF-078359	
2. NAME OF OPERATOR Bannon energy Incorporated		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Fee	
3. ADDRESS OF OPERATOR c/o Holcomb Oil and Gas, Inc, P.O.Box 2058, Farmington New Mexico 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 965 FNL x 1680 FEL Sec. 18 T23N-R6W Rio Arriba County, New Mexico		8. FARM OR LEASE NAME Marcus "A"	
14. PERMIT NO.		9. WELL NO. 4	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6869 GL		10. FIELD AND POOL, OR WILDCAT Counselors Gallup	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NW 1/4 NE 1/4 Sec. 18, T23N-R6W	
		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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	PLEASE SEE BELOW <input checked="" type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(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.)*

1. Change of Operator
2. Pool change to Counselors Gallup
Submitted as Lybrook Gallup in error
3. Rename well back to Marcus A-4 from Rincon 12

RECEIVED

JUN 16 1989

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

RECEIVED

JUN 26 1989

OIL CON. DIV./
DIST. 3

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

SIGNED [Signature] TITLE Agent for Bannon DATE 6/15/89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

JUN 23 1989

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

Operator JACK A. COLE		Lease MARCUS "A"		Well No. 4
Unit Letter B	Section 18	Township 23 NORTH	Range 6 WEST	County RIO ARRIBA
Actual Footage Location of Well:				
965 feet from the NORTH line and		1680 feet from the EAST line		
Ground Level Elev. 6869	Producing Formation GALLUP	Pool Counselors Gallup/DA	Dedicated Acreage 160 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☒ Yes ☐ No If answer is "yes," type of consolidation communitization

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division.

RECEIVED

JUN 16 1989

**BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA**

**RECEIVED
BLM MAIL ROOM**

189 FEB -8 PM 4:25

**FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO**

18

CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Dewayne Blancett

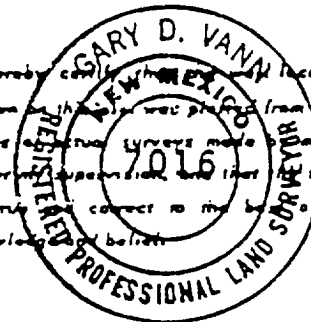
Name
Dewayne Blancett

Position
Production Superintendent

Company
Cole Production Co.

Date
February 7, 1989

I hereby certify that the location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that same is true and correct to the best of my knowledge and belief.



Date Surveyed
January 27, 1986

Registered Professional Engineer
and/or Land Surveyor

Gary D. Vann
Gary D. Vann

Certificate No.
7016

0 330 660 990 1320 1650 1980 2310 2640 2970 3300 3630 3960 4290 4620 4950 5280 5610 5940 6270 6600