UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other Instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

SF 078362

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.)

90 JAN -4 AM 11:14

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1.

OIL WELL [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

Bannon Energy, Inc. c/o Holcomb Oil & Gas, Inc.

8. FARM OR LEASE NAME

McBee 7

3. ADDRESS OF OPERATOR

P.O. Box 2058, Farmington, NM 87499

9. WELL NO.

4

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

Unit C 330' FNL x 2130' FWL

10. FIELD AND POOL, OR WILDCAT

Lybrook Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 7 T23N R6W

14. PERMIT NO.

API #30-039-24544

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6874' GR

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 [ ]
FRACTURE TREAT [ ]
SHOOT OR ACIDIZE [ ]
REPAIR WELL [ ]
(Other)

PULL OR ALTER CASING [ ]
MULTIPLE COMPLETE [ ]
ABANDON* [ ]
CHANGE PLANS [ ]

SUBSEQUENT REPORT OF:

WATER SHUT-OFF [ ]
FRACTURE TREATMENT [X]
SHOOTING OR ACIDIZING [ ]
(Other) Work over

REPAIRING WELL [ ]
ALTERING CASING [ ]
ABANDONMENT* [ ]

(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. Add Gallup perforation 5346'-5349' with 4" diameter JSPF.
2. Fracture stimulate interval with 45,000 #20-40 sand and 454,000 SCF N_2.

RECEIVED
FEB 05 1990
OIL CON. DIV.
DIST 3

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

SIGNED ___W. L. Holcomb___   TITLE __Agent, Bannon Energy, Inc.__   DATE _1-3-90_

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY:

See Instructions on Reverse Side

SMM