(November 1983) (Formerly 9-331)	וכ טייואט A DEPARTMEN OF TI M DIADO OF LAND	HE INTERIOR	SUBMIT IN TRIPLICATE* (Other instructions reverse side)	Expires August 31, 1  5. LEASE DESIGNATION AND 8  SF-078362	985
(Do not use this for	RY NOTICES AND I	deepen or plug back	to a different reservoir	6. IF INDIAN, ALLOTTEE OR T	RIBE NAME
OIL GAS OTHER				7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR  Bannon Energy, Incorporated				8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR	gy/ Incorporated			McBee <sup>5</sup> 7	
c/o Holcomb	Oil & Gas, Inc	PO Box 205	8 Farmington NM	5Y	
<ol> <li>LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface</li> </ol>				10. FIELD AND POOL, OR WILDCAT	
				Lybrook Gallup	
Unit E, 1757' FN	IL and 745' FWL			11. SEC., T., E., M., OR BLK. AN SURVEY OR AREA	no O
14. PERMIT NO. 15 PIEVATIONS (Show shother or				Sec. 7, T23N R6W	
15. ELEVATION		s (Show whether DF, RT, GR, etc.) 6896 GR		12. COUNTY OF PARISH 13. STATE RIO Arriba NM	
16.	Chal A D				114
	Check Appropriate Box is	to Indicate Natur	e of Notice, Report, or O		
		<u>ا</u> ا	BUBBEQUE	ENT EMPORT OF:	
TEST WATER SHUT-OFF FRACTURE TREAT	PULL OR ALTER CAS MULTIPLE COMPLET	[——]	WATER SHUT-OFF	REPAIRING WELL	
SHOOT OR ACIDIZE	ABANDON*		FRACTURE TREATMENT SHOOTING OR ACIDIZING	ALTERING CASING  ABANDONMENT®	
REPAIR WELL	CHANGE PLANS		(Other) Set Surface	ce Casing	
(Other)			(NOTE: Report results Completion or Recomple	of multiple completion on Wei tion Report and Log form.)	
3. Cemented		D CO	t. Circulated to	OIL CITY DAY	
18. I hereby certify that the SIGNED (U)	foregoing is true and correct		olcomb for Bannon Energ	to the second	
(This space for Federal	or State office use)				
APPROVED BYCONDITIONS OF APPRO	OVAL, IF ANY:	TITLE		ACCEPTED FOR	
•		e Instructions on I		OCT 1 7 1989  FARMINGTON RESOURCE AREA	
Title 18 U.S.C. Section 19 United States any false, f	001, makes it a crime for an actitious or fraudulent state	y person knowingl ments or represen	y and willfully to make to a tations as to any matter with	ny de Truent or agency hin its jurisdiction.	of the

HMOCD