# 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

## 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.)

5. LEASE DESIGNATION AND SERIAL NO.

SF 078360

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

Federal 14

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

964' FSL x 1758 FEL

10. FIELD AND POOL, OR WILDCAT

Lybrook Gallup

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

Unit O

Sec. 14 T23n R7W

14. PERMIT NO.

30-039-24756

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

7077' GL

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 [XX]

### SUBSEQUENT REPORT OF:

WATER SHUT-OFF [ ]
FRACTURE TREATMENT [ ]
SHOOTING OR ACIDIZING [ ]
(Other) _____

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.) *

Change casing from 24.0# J-55 to 23.0# X-42.

RECEIVED
JUN 11 1990
OIL CON. DIV
DIST. 3

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

SIGNED _W.g. Holcomb_ CK     W. O. Holcomb     TITLE  Agent     DATE  5-25-90

(This space for Federal or State office use)

APPROVED BY _____     TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

Wood

APPROVED
MAY 29 1990
Ken Townsend
FOR AREA MANAGER

*See Instructions on Reverse Side