

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved,
Budget Bureau No. 42-R1424.

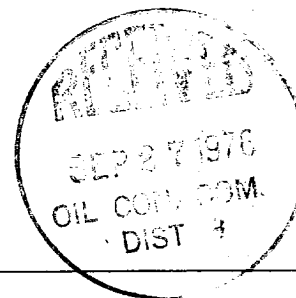
SUNDRY NOTICES AND REPORTS ON WELLS		5. LEASE DESIGNATION AND SERIAL NO.	
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)		NM 26164	
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR		8. FARM OR LEASE NAME	
Colorado Plateau Geological Services-TransOcean		Bicentennial Freedom	
P. O. Box 537; Farmington, New Mexico 87401		9. WELL NO.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		Federal No. 3	
1122' FNL 341' FEL		10. FIELD AND POOL, OR WILDCAT	
		WC	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
		Sec 35, T13N, R6E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE
	6258 GR	Sandoval	N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Commencement of operations <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)*

Spud 9/9/76. Reamed 6½" hole to 1065' then broke out of old hole. Stopped @ 1112'.
Could not get back in old hole past 192' without breaking out and making new hole.
Shut down 9/12/76. Propose to plug with 100' plug 100-200± and 10 sx surface
plug with standard dry hole marker as discussed with Mr. Jerry Long. Will resume plugging
operations 9/22/76.



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

SIGNED Mark E. Weidler TITLE Vice President DATE 9/20/76
Mark E. Weidler
(This space for Federal or State office use)APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side