

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
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. NM 25814 |
| 2. NAME OF OPERATOR Trend Exploration Limited | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR 777 Grant Street, Denver, CO 80203 | | 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 SE 1/4, SE 1/4 Section 10 T21N R7W 330' FSL, 2200' FEL | | 8. FARM OR LEASE NAME Ojo Socorro 16-21-7 |
| 14. PERMIT NO. | | 9. WELL NO. 34 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) GL 6771 | | 10. FIELD AND POOL, OR WILDCAT Wildcat Halliup |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 10 T21N R7W |
| | | 12. COUNTY OR PARISH Sandoval |
| | | 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) | <input type="checkbox"/> | | <input 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) Casing and Cementing | <input checked="" 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.)*

1. Drilled 12 1/4" hole to 176' KB. 9/24/84
95%
2. Ran 5 jts J-55 36 ppf casing set at 169.69'.
3. Cemented with 80 sx (c94.9ft³) Class B + 2% CaCl₂.
4. Circulated cement to surface.
5. Bumped plug to 1000 psi, held O.K.
6. WOC 12 hrs.
7. Work performed 9/25/84 by Western Company of North America.

RECEIVED
MAR 21 1985
OIL CON. DIV.
DIST. 3

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

SIGNED Richard D. Ziff TITLE Petroleum Engineer DATE 2/27/85

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

MAR 21 1985

MANAGEMENT RESOURCE AREA

BY Smn

*See Instructions on Reverse Side

NMOCC