

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Form No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NMNM 44453
2. Name of Operator Energy Development Corporation	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 1000 Louisiana, Ste. 2900, Houston, TX (713) 750-2563	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 660' FSL & 660' FEL, Section 6-T20N-R2W	8. Well Name and No. San Isidro 6416
	9. API Well No. 30-043-20742-00S1
	10. Field and Pool, or Exploratory Area Rio Puerco Mancos
	11. County or Parish, State Sandoval

**12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>Well test</u>	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)

NMOCD Gas-Oil Ratio Test

Date of test: 4-16-93  
Tbg. pressure: 40  
Hours on test: 24  
BBLS-water: 3  
BBLS-oil: 18  
MCF-gas: 22  
Oil grav.: 38.7  
GOR (cu ft/bbl): 1222  
Status: Pumping

**RECEIVED**  
JUL 14 1993  
OIL CON. DIV  
DIST. 3

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

Signed Gene L. Johnson

Title Super., Prod. Accounting

Date 5-26-93

(This space for Federal or State office use)

Approved by SHIRLEY MONDY  
Conditions of approval, if any:

Acting AREA MANAGER  
RIO PUERCO RESOURCE AREA

Date JUL 13 1993