

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse 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.)

1. WELL TYPE ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Shogoil Ltd.

3. ADDRESS OF OPERATOR

P.O. Box 229, Hygiene, CO 80533

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

965' FSL and 1980' FWL

14. PERMIT NO.

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

7222' GR

5. LEASE DESIGNATION AND SERIAL NO.

NM 62577

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Chijuilla 31-14

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat Rio Puerco

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

Sec 31, T21N, R2W

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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

X

SUBSEQUENT EMPLOY 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.)\*

This is a request to use a 2000psi wellhead instead of  
the 3000psi wellhead shown in the original APD.

RECEIVED  
JUN 1 1990  
OIL CON. DIV.  
DIST. 3

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

SIGNED

TITLE Agent

DATE

5-9-90

(This space for Federal or State office use)

AREA MANAGER

RIO PUERCO RESOURCE AREA

APPROVED BY

TITLE

DATE

MAY 31 1990

CONDITIONS OF APPROVAL, IF ANY:

NMOCD

\*See Instructions on Reverse Side