

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau 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. NM NM 39532
2. Name of Operator Energy Development Corporation	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 1000 Louisiana, Suite 2900, Houston, TX 77002 (713) 750-7563	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 934' FSL & 1975' FWL, Section II, T20n, R3W	8. Well Name and No. San Isidro 11-14
	9. API Well No. 30-043-20855-00S1
	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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Well Test</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<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. 5-16-93
Tbg. pressure: 5
Hours on test: 24
BBLS-Water: 1
BBLS-Oil: 8
MCF-Gas TSTM
Oil Grav.: 41.6
GOR LCU. ft/bbls: N.A
Status: Pumping

RECEIVED
SEP 15 1993
OIL CON. DIV.
DIST. 3

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

Signed Gene Linton

Title Supervisor-Production-Accounting Date 7-16-93

(This space for Federal or State office use)

SHIRLEY MONDY

Approved by
Conditions of approval, if any:

Acting AREA MANAGER
RIO PUERCO RESOURCE AREA

Date **SEP 10 1993**