

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. N.M. 39532	
2. NAME OF OPERATOR VETERAN EXPLORATION INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A	
3. ADDRESS OF OPERATOR 7535 E. HAMPDEN AVE., SUITE 506, DENVER, COLO. 80231		7. UNIT AGREEMENT NAME SAN ISIDRO (SHALLOW)	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 934 F.S.L. 1975 F.W.L. SEC. 11 T 20N R 3 W		8. FARM OR LEASE NAME SAN ISIDRO	
14. PERMIT NO. N/A		9. WELL NO. 11-14	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6865 G.L.		10. FIELD AND POOL, OR WILDCAT MANCOS	
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA SEC. 11 T20N R3W	
		12. COUNTY OR PARISH SANDOVAL	13. STATE 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 type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) RECLAMATION OF PIT <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.)*

1. SKIM OIL FROM PIT, UTILIZING A DRAIN PIT.
2. EVAPORATE REMAINING FLUID BY PUMPING IT THROUGH SPRAY NOZZLES BACK OVER THE PIT. RECYCLING THIS FLUID THROUGH THE SYSTEM UNTIL FLUID LEVEL IS LOW ENOUGH TO ALLOW THE PIT TO BE RECLAIMED.
3. FOLD ALL SIDES OF THE PIT LINER TO THE CENTER OF PIT.
4. PERFORM NECESSARY DIRT WORK TO FILL AND LEVEL PIT.
5. SPREAD ANY OIL SOAKED ON WELL PAD, NOT TO EXCEED A 6 INCH LAYER.
6. PLOW OR BLADE OIL SOAKED SOIL ON PAD ON 30 DAY INTERVALS TO AERATE.
7. RECLAMATION TO BEGIN UPON APPROVAL OF THIS NOTICE.

RECEIVED
AUG 27 1992
OIL CON. DIV
DIST. 3
AUG 21 AM 1:26
BUREAU OF LAND MANAGEMENT

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

SIGNED <u>James Hatcher</u>	TITLE <u>CONSULTANT</u>	DATE <u>7-24-92</u>
(This space for Federal or State office use)		
APPROVED BY <u>SHIRLEY MONDY</u>	TITLE <u>for AREA MANAGER</u>	DATE <u>AUG 25 1992</u>
CONDITIONS OF APPROVAL, IF ANY: <u>NMOCD</u>		

*See Instructions on Reverse Side