

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 type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>DRY HOLE</u>	5. Lease Designation and Serial No. <u>NM 57440</u>
2. Name of Operator <u>SOUTHEASTERN PETROLEUM, INC.</u>	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. <u>P.O. BOX 1893, ROSWELL, NEW MEXICO 88202-1893</u>	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <u>1910' FNL, 1464' FWL, SECTION 4, TOWNSHIP 17-N, RANGE 3-W</u>	8. Well Name and No. <u>BOBCAT #2</u>
	9. API Well No. <u>30-043-29907</u>
	10. Field and Pool or Exploratory Area <u>SOUTH SAN JUAN</u>
	11. County or Parish, State <u>MESA VERDE</u> <u>SANDOVAL, NEW MEXICO</u>

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"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input checked="" type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other
	<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.)*

WORK WAS COMPLETED SEPTEMBER 24, 1994, CEMENT TOP TO BOTTOM, FENCES WERE REMOVED, PIT'S WERE FILLED IN & LOCATION WERE RESTORED & RESEEDDED.

RECEIVED
NOV 28 1994

OIL CON. DIV.
DIST. 3

RECEIVED
BLM-MAILROOM
OCT 19 AM 9:35
STATE OFFICE
SANTA FE, N.M.
MEXICO

ms 11/15/94
field inspection
11-15-94 - surface
plugging returned in
12/1/94

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

Signed <u>[Signature]</u>	Title <u>ADMINISTRATIVE CLERK</u>	Date <u>10/14/94</u>
(This space for Federal or State office use)		
Approved by <u>[Signature]</u>	Title <u>for Chief, Lands and Mineral Resources</u>	Date <u>11-16-94</u>
Conditions of approval, if any:		

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side