

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry Hole	5. LEASE DESIGNATION AND SERIAL NO NM-36352
2. NAME OF OPERATOR Champlin Petroleum Company, Attn: Ramona J. Rhoden	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1257, Englewood, CO 80150	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NE SW (1726.7' FWL & 1855.1' FSL)	8. FARM OR LEASE NAME Pueblo Bonito Federal Unit
	9. WELL NO. 23-14
	10. FIELD AND POOL, OR WILDCAT Wildcat
	11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA
	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, or FM) 6305' GL, 6321' KB

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BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <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.)

Removed four culverts from side of access road.

Erected permanent dry hole marker with lease number.

Above work performed per your letter of May 8, 1986, copy attached.

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OIL CON. DIV.
DIST. 3

18. I hereby certify that the foregoing is true and correct
SIGNED Ramona J. Rhoden TITLE Sr. Engineering Aide DATE June 2, 1986
Ramona J. Rhoden
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE June 9 1986
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC