

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  GAS WELL  OTHER

2. NAME OF OPERATOR  
Premier Resources, Ltd.

3. ADDRESS OF OPERATOR  
600 - 17th Street, Suite 1300N, Denver, CO 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface  
NENW 1980 FWL 560 FNL Sec. 34

14. PERMIT NO.

15. ELEVATIONS (Show whether by level or other method)  
6934 DF

5. LEASE DESIGNATION AND SERIAL NO.  
SF 080107

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
R. R. Zanotti

9. WELL NO.  
1

10. FIELD AND POOL, OR WILDCAT  
Escrito Gallup

11. SEC., T. R. M., OR BLK. AND SURVEY OF AREA  
Sec. 34-T24N-R7W

12. COUNTY OR PARISH  
Rio Arriba

13. STATE  
NM

RECEIVED  
NOV 12 1986  
BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA  
RECEIVED  
NOV 05 1986

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)

Premier Resources, Ltd. respectfully requests the well be granted long-term shut-in due to guide lines #3, "Unable to produce in paying quantities under existing market condition," and #5, "Time is required to evaluate well for usefulness."

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NOV 18 1986  
OIL & GAS DIV.  
DIST. 3

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

SIGNED [Signature] TITLE Production Mgr

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

APPROVED  
DATE Nov 3 1986

NOV 17 1986  
DATE [Signature]  
AREA MANAGER  
FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side