

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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. SF-080107	
2. NAME OF OPERATOR T. H. McElvain Jr. & Associates		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 220 Shelby St. P. O. Box 2148 Santa Fe, NM 87504-2148		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 560' FNL & 1980' FWL		8. FARM OR LEASE NAME Zanotti	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6934 D.F.		10. FIELD AND POOL, OR WILDCAT Lybrook Gallup	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T-24N, R-7W	
		12. COUNTY OR PARISH 13. STATE	

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 checked="" type="checkbox"/>	CHANGE PLANS <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.)

Repair casing leak:

With your approval we at this time wish to move in a work over rig, pull rods and tubing, run tubing back to bottom, clean out to T.D. inside 5½" csg. 5690' + or - (5½" 14# csg. set @ 5731') set bridge plug @ 5300' + or -, run packer find holes in 5½" csg. squeeze w/400 sx cement + or - 6% gel + 2% ca. cl. W.O.C. 16-18 hrs. Drill out cement and test csg. 1500#, (bridge plug to surface) re-squeeze if necessary, retrieve bridge plug, acidized csg. perforation 5604-24, 5640-58, and 5668-78 if necessary put well back on production.

RECEIVED
APR 05 1988
OIL CON. DIV.
DIST. 3

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

SIGNED T. H. McElvain TITLE Agent: T.H. McElvain Co. DATE March 22, 1988

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE AREA MANAGER DATE APR 01 1988

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC