

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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM 03011
2. Name of Operator Carolynn Clark Wiggin Oil Properties	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 420, Farmington, NM 87499 (505) 325-1821	7. If Unit or CA, Agreement Designation N.M.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 990' FSL & 900' FEL Sec. 6, T24N, R3W	8. Well Name and No. Clark 1
	9. API Well No. 30 039 05617
	10. Field and Pool, or Exploratory Area South Blanco PC
	11. County or Parish, State Rio Arriba, NM

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 type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Well Returned to Production
	<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.)\*

Well Placed on Production 5/1/95 1:30 P.M. XAXMX

Type of Production Crude Oil Crude Oil & Casinghead Gas

X Natural Gas Natural Gas & Entrained Liquid Hydrocarbons

Communitization Agreement Number \_\_\_\_\_

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

Signed <u>LeAnna Hamhardt</u>	Title <u>Production Report Supervisor</u>	Date <u>6/12/95</u>
Approved by <u>Robert Kent</u>	Title <u>Chief, Lands and Mineral Resources</u>	Date <u>JUN 26 1995</u>

Conditions of approval, if any: \_\_\_\_\_

