

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 checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. <i>Contract #122</i>
2. NAME OF OPERATOR <i>Canaco Inc.</i>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <i>Jicilla Apache</i>
3. ADDRESS OF OPERATOR <i>P.O. Box 460, Hobbs, N.M. 88240</i>		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 <i>Unit letter D</i> <i>790' FNL + 1040' FWL</i>		8. FARM OR LEASE NAME <i>"O" Apache</i>
14. PERMIT NO. <i>30-039-20968</i>		9. WELL NO. <i>6</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT <i>Blanco Pictured Cliffs, So.</i>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 4, T-25N, R 4W</i>
		12. COUNTY OR PARISH <i>De Baca</i>
		13. STATE <i>N.M.</i>

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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) <i>Return to production</i>	<input checked="" 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.)*

This is to inform you that the referenced well was placed back on production 3-3-90.

RECEIVED

JUL 5 1990

BL CON. DIV.
DET. 3

ACCEPTED FOR RECORD

JUL 20 1990

FARMINGTON RESOURCE AREA

BY *[Signature]*

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

SIGNED *[Signature]* for *Administrative Supervisor* TITLE *Administrative Supervisor* DATE *3-5-90*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____