

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. <i>NM 0556030</i>
2. NAME OF OPERATOR <i>Devilbiss Oil Co.</i>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <i>1005 N. MONTEREY AVE. FARMINGTON, N. M.</i>	7. UNIT AGREEMENT NAME <i>RD + F</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>SE 1/4 NW 1/4 SE. 3, T. 25 N, R. 1 E. 1815 FWL 2145 FNL</i>	8. FARM OR LEASE NAME <i>R.D. + P</i>
14. PERMIT NO.	9. WELL NO. <i>3</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>7695</i>	10. FIELD AND POOL, OR WILDCAT <i>Puerto Chiquito East Mine Co</i>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>S3, T25N, R1E?</i>
	12. COUNTY OR PARISH <i>Rio Arriba</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"/>	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 PLANS <input type="checkbox"/>	(Other) <i>plugging report</i>	
(Other) <input type="checkbox"/>			

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.)

7-20-89 Set bottom plug at 2380 with 10 sacks.  
8-25-89 Filled 5 1/2 casing with drill mud. Tagged bottom plug.  
11-27-89 Set middle plug at 1750 with 15 sacks & tagged.  
11-28-89 Set top plug with 20 sacks & set dry hole marker.

RECEIVED

FEB 07 1990

OIL CON. DIV.  
DIST. 3

Approved as to plugging of the well bore.  
Liability under bond is retained until  
surface restoration is completed.

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

SIGNED *Alan Deville*

TITLE *Operator*

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE *1-25-90*

JAN 29 1990

DATE

AREA MANAGER  
FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side