

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-4
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. SF-079161
2. NAME OF OPERATOR National Cooperative Refinery Association	6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
3. ADDRESS OF OPERATOR 415 W. Wall, Suite 2215, Midland, Texas 79701	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 790'FEL & 885' FNL	8. FARM OR LEASE NAME Candado
14. PERMIT NO.	9. WELL NO. 17
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT Blanco Mesaverde Otero Chacra
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 10, T26N-R7W
	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Commingled Well</u>	<input checked="" 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.)*

The downhole commingling of the Candado Well No. 17 was approved by Administrative Order No. DHC-667. As stated in this order the well is commingled with the following zone allocation:

Chacra Pool: Condensate 0%, Gas 22%

Mesaverde Pool: Condensate 100%, Gas 78%

This work was completed on October 31, 1989.

RECEIVED
DEC 1 4 1989
OIL CON. DIV
DIST. 3

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

SIGNED <u>Gavin A. Bays</u>	TITLE <u>Production Clerk</u>	DATE <u>12-06-89</u>
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(This space for Federal or State office use)

APPROVED BY _____	TITLE _____
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CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
DEC 11 1989
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side