

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Ceiling No. 1007-0130
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 ☐ GAS WELL ☒ OTHER ☐ 88 MAY -2 AM 11:10

2. NAME OF OPERATOR
DEPCO, Inc. FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

3. ADDRESS OF OPERATOR
1000 Petroleum Bldg - 110 16th Street - Denver, CO 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1650' FNL, 1650' FWL (SE/4 NW/4)

5. LEASE DESIGNATION AND SERIAL NO.
SF079162

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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7. UNIT AGREEMENT NAME
--

8. FARM OR LEASE NAME
Federal 8

9. WELL NO.
No. 22

10. FIELD AND POOL, OR WILDCAT
Blanco MV/Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 8, T26N-R7W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
NM

14. PERMIT NO.
API No. 30-039-22933

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6073' GR

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) <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.)*

Possible tubing or packer leak. Plan to kill well, pull tubing strings and packer. Repair tubing and packer. Run packer and tubing strings. Swab well, cleanup, flow test.

RECEIVED
MAY 00 1988
OIL CON. DIV./
DIST. 3

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

SIGNED [Signature] TITLE Dist. Prod. Supt. DATE ---

(This space for Federal or State office use)

APPROVED BY --- TITLE --- DATE ---

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

MAY 05 1988

*See Instructions on Reverse Side

NMOCC

AREA MANAGER