

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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.)

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| | | |
|--|--|--|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | | 5. LEASE DESIGNATION AND SERIAL NO. SF079162 |
| 2. NAME OF OPERATOR DEPCO, Inc. | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME -- |
| 3. ADDRESS OF OPERATOR 1000 Petroleum Building - Denver, CO 80202 | | 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 1650' FEL, 1650' FNL (SW/4 NE/4) | | 8. FARM OR LEASE NAME Federal 6 |
| 14. PERMIT NO. API No. 30-039-22963 | | 9. WELL NO. 32 |
| 15. ELEVATIONS (Show whether DP, ST, GR, etc.) 6019' GR 6031' KB | | 10. FIELD AND POOL, OR WILDCAT Basin Dakota |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6, 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 checked="" 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"/> | |

(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.)*

- 9-02-86 MIRU. Blew down well & killed w/wtr. Pulled 1½" tbg string. Unseated pkr. Started pulling 1½" tbg string.
- 9-03-86 Finished trip out w/1½" tbg string & pkr. Ran tbg to btm & circd clean.
- 9-04-86 Dropped stdg valve, tstd tbg. TOH w/tbg. TIH w/1½" tbg string & Model "R" pkr. Set pkr @ 3275'. SN @ btm of tbg @ 6615'. TIH w/1½" tbg string. Hung tbg w/SN on btm @ 3092'. NU tree.
- 9-05-86 Swbd Dakota Zone. Kicked off. Blew to cleanup. Blew down Chacra Zone thru 1½" tbg string. Will schedule pkr leakage test & deliverability tst.
- 9-11-86

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OIL CON. DIV.
DIST. Supt.

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

SIGNED John S. Wyke
(This space for Federal or State office use)

TITLE Dist. Supt.

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED

DATE 10/1/86

DATE OCT 06 1986

FARMINGTON RES.

*See Instructions on Reverse Side
NMOCC