

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT--" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Water Injection	5. Lease Designation and Serial No. SF 078056
2. Name of Operator Giant Exploration & Production Company	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 2810, Farmington, New Mexico 87499 (505)326-3325	7. If Unit or CA. Agreement Designation Central Bisti Unit
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 660' FSL, 660' FWL, Sec.6, T25N, R12W	8. Well Name and No. Central Bisti Unit #WI-3
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	9. API Well No. 30-045-05526
TYPE OF SUBMISSION	10. Field and Pool, or Exploratory Area Bisti Lower Gallup
	11. County or Parish, State San Juan, New Mexico

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Acidizing
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all 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.)*

01/16/96 - Acidized this well's perforations down tubing with 1000 gal. 15% HCl. Put well back on injection status.

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

Signed Paul R. Williams Title Area Engineer Date JAN 29 1996
Paul R. Williams

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: _____

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any manner within its jurisdiction.

*See Instruction on Reverse Side

ACCEPTED FOR RECORD

FEB 01 1996

FARMINGTON DISTRICT OFFICE
BY 21

WOOD