

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
14-20-603-321
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐
2. NAME OF OPERATOR
Giant Exploration & Production Co.
3. ADDRESS OF OPERATOR
P.O. Box 2810, Farmington, N.M. 87499
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
710' FSL, 1930' FWL, Sec. 4, T25N, R12W

7. UNIT AGREEMENT NAME
Central Bisti Unit
8. FARM OR LEASE NAME
9. WELL NO.
74
10. FIELD AND POOL, OR WILDCAT
Bisti Lower Gallup
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 4, T25N, R12W
12. COUNTY OR PARISH
San Juan
13. STATE
N.M.

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
API #30-045-25099
6137' KB

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☒ ABANDONMENT* ☐
(Other) ☐

(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.)*

Acidized Gallup perforations (4725' - 4746') with 23 bbls (975 gallons) of 15% HCL acid. Well returned to production.

SEP 1 1990
OIL CON. DIV.
DIST. 3

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

SIGNED Aldrich L. Kuchera TITLE President
(This space for Federal or State office use)

DATE SEP 1 1 1990

ACCEPTED FOR RECORD

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

SEP 27 1990

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

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