

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Budget Bureau No. 1004-0135
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 ☐
2. NAME OF OPERATOR
Corrida Oils Inc.
3. ADDRESS OF OPERATOR
P.O. Box 5550 T.A., Denver, CO 80217
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
2060' FSL, 720' FEL, Sec.13, T25N, R13W
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6452' GL BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE DESIGNATION AND SERIAL NO.
NM-58138
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Bad Lands Federal
9. WELL NO.
#3
10. FIELD AND POOL, OR WILDCAT
Bisti Lower Gallup
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 13, T25N, R13W
12. COUNTY OR PARISH
San Juan
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 checked="" type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)*

Change surface casing from: 9-5/8", 43.5#/ft., J-55
to: 8-5/8", 24#/ft., K-55

Cement volumes will remain unchanged at 220 sacks as this is 100% excess to circulate to the surface.

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

SIGNED [Signature] TITLE Agent

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE [Signature]
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

APPROVED

DATE 11/26/84

NOV 28 1984

FARMINGTON

NM0000