

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Form approved.  
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED MAY 19 1986	5. LEASE DESIGNATION AND SERIAL NO. NM 25452
2. NAME OF OPERATOR Four Corners Exploration			6. IF INDIAN, ALLOTTEE OR TRIBE NAME Tribal Trust
3. ADDRESS OF OPERATOR P.O. Box 1067			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  330' FNL 330 FEL section 29, T25N, R12W			8. FARM OR LEASE NAME South Bisti Federal
		BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA	9. WELL NO. 29-1
			10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T25N, R12W
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6310 GR		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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.) \*

Spudded 5/9/86  
Ran 6 Jts. 8 5/8 24# ST & C Surface casing 250.37' set at 262'  
  
Cemented with 145 Sx. class B w/ 2% Cacl2 circulated 2 Bbls. to surface,  
plug down at 4:30 PM 5-9-86

MAY 22 1986  
OIL CON. DIV.  
DIST. 3

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

SIGNED

*James W. Under*

TITLE Drilling Engineer

DATE

5-16-86

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

FARMINGTON RESOURCE AREA

BY

*[Signature]*

\*See Instructions on Reverse Side

NMOCC

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 matter within its jurisdiction.