

(November 1983)  
(Formerly 9-331)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-013  
Expires August 31, 1985  
5. LEASE DESIGNATION AND SERIAL NO.

**NM-86492**

IF INDIAN, ALLOTTEE OR TRIBE NAME

N/A

7. UNIT AGREEMENT NAME

N/A

8. FARM OR LEASE NAME

**Temerity**

9. WELL NO.

**#1**

10. FIELD AND POOL OR WILDCAT

**Basin-Fruit. Coal Gas**

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

**29-25n-12W NPM**

12. COUNTY OR PARISH STATE

**San Juan**

**NM**

**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

**Speerex Ltd. Partnership (505) 325-7789**

3. ADDRESS OF OPERATOR

**P.O. Box 255, Farmington, NM 87499**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

**Surface: 1340' FNL 790' FEL (SENE) Bottom: Same**

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

**6,328' ungraded ground**

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE BOP

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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 perti-  
nent to this work.)\*

Will delete annular preventer from BOP system. Maximum pressure will be  
≈200 psi.

APPROVED

OCT 24 1991

AREA MANAGER

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

SIGNED

TITLE

**Consultant**

DATE

**10-21-91**

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

cc: BLM (3+2 for OCD), Sloane, B. Speer, S. Speer

\*See Instructions on Reverse Side

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.