

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	91 APR -4 PM 3:20	5. LEASE DESIGNATION AND SERIAL NO. SF-079527-A
2. NAME OF OPERATOR COLUMBUS ENERGY CORPORATION	FARMINGTON, N.M.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. BOX 2038, FARMINGTON, N.M. 87499		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 1650' FSL & 1650' FEL J		8. FARM OR LEASE NAME CHAMPLIN
		9. WELL NO. 8-25
		10. FIELD AND POOL, OR WILDCAT DAKOTA/TAP. P.C.
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T27N, R4W
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7354' GL	12. COUNTY OR PARISH Rio Arriba
		13. STATE N.M.

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"/>
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"/>	

WATER SHUT-OFF <input 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 checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	D.K.C.

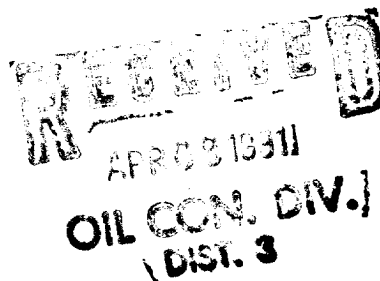
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

1-10-90 Set cast iron BP at 8312'. Set 25 sx (29.5 cu ft) plug from 8312' to 7974'. Plug Dakota.

1-11-90 Spot 58 bbls pkr fluid from top of cmt at 7974' to top of 4-1/2" liner at 4290'. Pressure test csg from 4270' to 7809' with pkr to 1100 psi f/30 min. O.K.

1-12-90 Ran 1-1/2" EUE 2.9# production tbg. Landed at 4184' & return Pictured Cliffs Zone to production.



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

SIGNED

TITLE

Dril'g & Prod Sup't

DATE

4-3-91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side