

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-0133  
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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF 079107	
2. NAME OF OPERATOR COLUMBUS ENERGY CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. BOX 2038, FARMINGTON, NEW MEXICO 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 1550' FNL & 1850' FEL		8. FARM OR LEASE NAME N.C.R.A.	
14. PERMIT NO.		9. WELL NO. 1-E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6928' GR		10. FIELD AND POOL, OR WILDCAT Blanco MV/Basin DK	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, T26N, R7W	
		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 type="checkbox"/>
(Other) <u>Tubing Repair</u> <input checked="" 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.)\*

9-15-88 TOH and lay down 1-1/4" Mesa Verde tubing.  
9-16-88 TOH w/1-1/2" Dakota tubing string. Found hole in tbg @ 5730'.  
9-17-88 Ran 1-1/2" 2.9# EUE production tbg 7294', Landed @ 7305'.  
Commingle approved May 12, 1986. Order No. DHC-610.

RECEIVED  
OCT 31 1988  
OIL CORP.  
DHC

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

SIGNED [Signature] TITLE Prod. & Drl'g. Sup't. DATE Oct. 21, 1988

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ AGGREGATED FOR RECORD

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side