

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

\*On 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.)

5. LEASE DESIGNATION AND SERIAL NO.

SF 078433

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

NEWSOM

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

BALLARD PICTURED CLIFFS

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

SEC. 18, T26N, R8W, NMPM

12. COUNTY OR PARISH

SAN JUAN

13. STATE

NM

14. PERMIT NO.

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

6255 DF

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other)

RE-SEEDED LOCATION

(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.)\*

THE NEWSOM NO. 4 LOCATION WAS RE-SEEDED ON 9/13/88 BY ODECO, INC.

RECEIVED  
MAIL ROOM  
OCT 11 11:04 PM  
FARMINGTON RESOURCE AREA  
FARMINGTON, NEW MEXICO

ACCEPTED FOR RECORD

OCT 13 1988

FARMINGTON RESOURCE AREA  
FARMINGTON, NEW MEXICO

BY *[Signature]*

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

SIGNED

*[Signature]*

TITLE

PRESIDENT

DATE

10/07/88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

\*See Instructions on Reverse Side