

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM-16470
2. Name of Operator J. K. EDWARDS ASSOCIATES, INC.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No./o Walsh Engr. & Prod. Corp. 204 N. Auburn Farmington, New Mexico 87401 505 327-4892	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1800'FSL, 1800'FWL Section 1, T26N, R12W NMPM	8. Well Name and No. BENGAL A #2
	9. API Well No. 30-045-21183
	10. Field and Pool, or Exploratory Area S. GALLEGOS FR. SAND PC
	11. County or Parish, State San Juan, N.M.

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other See Below	<input type="checkbox"/> Dispose Water

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

13. 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.)*

Well Turned On 7/15/93 8:45 AM

20 MCF/d

RECEIVED
NOV 4 1993
OIL CON. DIV.
DIST. 3

FOR: J. K. EDWARDS ASSOCIATES, INC.

14. I hereby certify that the foregoing is true and correct		
Signed <u>Paul C. Thompson</u>	Title <u>Paul C. Thompson, Agent</u>	Date <u>10/19/93</u>
(This space for Federal or State office use)		

Approved by _____ Title _____
Conditions of approval, if any: _____

ACCEPTED FOR RECORD

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 statement or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

FARMINGTON DISTRICT OFFICE