

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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <u>Wynn Oil Co.</u>	8. FARM OR LEASE NAME <u>Largo Federal</u>
3. ADDRESS OF OPERATOR <u>% L.P. Moore, Inc.</u>	9. WELL NO. <u>6</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>1850' FSL 790' FEL</u>	10. FIELD AND POOL, OR WILDCAT <u>Otero Chacra</u>
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 14-27N-8W</u>
15. ELEVATIONS (Show whether DF, RT, CR, etc.) <u>6653 GR</u>	12. COUNTY OR PARISH <u>San Juan</u>
	13. STATE <u>N.M.</u>

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 PLANS

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 pertinent to this work.)*

Pull 1 1/4" tubing and run back in with a packer. Set packer at 3880' and swab on Chacra perforations at 3900'-3910' to restore gas production. Projected start date - May 18, 1989

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

SIGNED

TITLE

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

NMCOO

*See Instructions on Reverse Side

APPROVED

DATE 5/11/89

MAY 23 1989

AREA MANAGER
FARMINGTON RESOURCE AREA