

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form 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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR Great Lakes Chemical Corporation	3. ADDRESS OF OPERATOR P.O. Box 2200 West Lafayette, Indiana 47906	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1450' FSL, 1830' FEL, Sec. 3, T27N, R8W	5. LEASE DESIGNATION AND SERIAL NO. SF 078481-A	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Graham	9. WELL NO. 3	10. FIELD AND POOL, OR WILDCAT Blanco Mesaverde & Undesignated Chacra	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3, T27N, R8W NMPM	12. COUNTY OR PARISH San Juan	13. STATE New Mexico
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5888' GL, 5900' KB											

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

NOTICE OF INTENTION TO:

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"/>	<input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

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) <input 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.) *

Great Lakes Chemical Corporation respectfully requests permission to produce the well at low volumes and to have the well shut-in for indefinite periods due to the purchaser under an effective contract refusing to take gas as required by the contract. Litigation is pending between Great Lakes Chemical Corporation and the purchaser and Great Lakes Chemical Corporation believes that litigation and the resulting marketing conditions will continue for a year or more.

RECEIVED

JAN 10 1990

THIS APPROVAL EXPIRES JAN 08 1991 OIL CON. DIV.
DIST. 3

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

SIGNED Lawrence H. Vaughan TITLE Manager - Planning

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED

DATE 11/6/89

JAN 08 1990

DATE

FOR AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side