

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE
(Other instructions on the
reverse side)Form approved.
Budget Bureau No. 42-R1424.
PLEASE DESIGNATE AND SERIAL NO.

SF-081100-A

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME None
2. NAME OF OPERATOR Sanan, Ltd.	8. FARM OR LEASE NAME Bull
3. ADDRESS OF OPERATOR P.O. Box 255, Farmington, N.M. 87401	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1450 ft. from the North & East lines	10. FIELD AND POOL, OR WILDCAT WAW-Fruitland-P.C. 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA S8-T26N, R12W, NMPM
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5966 Gr.
	12. COUNTY OR PARISH San Juan
	13. STATE N.M.

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

NOTICE OF INTENTION TO:

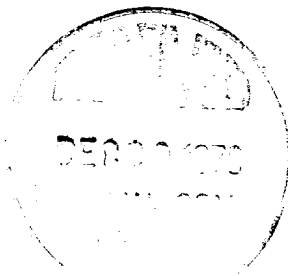
TEST WATER SHUT-OFF ☐PULL OR ALTER CASING ☐FRACTURE TREAT ☐MULTIPLE COMPLETE ☐SHOOT OR ACIDIZE ☐ABANDON* ☐REPAIR WELL ☐CHANGE PLANS ☐(Other) Change operator & well name ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐REPAIRING WELL ☐FRACTURE TREATMENT ☐ALTERING CASING ☐SHOOTING OR ACIDIZING ☐ABANDONMENT* ☐(Other) ☐(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.)*

Intention is to change operator to Bedford, Inc. and change name of well to Ram #1-A to comply with N.M. Oil Conservation Commission requirements.



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

SIGNED

TITLE

Agent

DATE Dec. 19, 1978

(This space for Federal or State office use)

APPROVED

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

DEC 20 1978

P. I. McGRAITH

DISTRICT ENGINEER

*See Instructions on Reverse Side