

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 060402 A
2. NAME OF OPERATOR Rocanville Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 2811 McKinney Ave. 340 West Dallas, Texas 75204		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1100' FNL 990' FEL		8. FARM OR LEASE NAME Fairfield
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, OR, etc.) 5846' GR	9. WELL NO. 1
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT BASIN DAKOTA
NOTICE OF INTENTION TO:		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 14, T27N, R13W
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	12. COUNTY OR PARISH 18. STATE SAN JUAN NM
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	
(Other) <input 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.)*		

Well has quit producing due to a hole in the tubing.
Propose to:

1. Pull tubing and packer.
2. Set CIBP above perforations.
3. Locate casing leak.
4. Squeeze cem casing leak
5. Pressure test casing
6. Run packer on tubing and set at 5780' ±

RECEIVED
JUN 22 1989
OIL CON. DIV.
DIST. 3

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Agent DATE 5-23-89
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY: NMOCD
DATE JUN 19 1989
[Signature]
FOR AREA MANAGER

*See Instructions on Reverse Side