

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Budget Bar Code No. 1004-0-10
Expires August 31, 1985
LEASE DESIGNATION AND SERIAL NO.

SF 079-508

IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR JAY J. HARRIS

3. ADDRESS OF OPERATOR 301 Ridgcrest Dr., SE, Albuquerque, N.M. 87108

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface 1650/So., 990 fr. 1 & 990/E of SEC. 35, T28N, R10W

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, CR, etc.) _____

7. UNIT AGREEMENT NAME 1000

8. FARM OR LEASE NAME COLE No. 1.

9. WELL NO. _____

10. FIELD AND POOL OR WILDCAT Fulcher-Kutz

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NWSE of Sec. 35, T28N, R10W

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	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input checked="" 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.)

We are applying for an extension on our long term shut-in, which expires on 24 of November, 1992. The reasons that we gave for our first shut-in are still valid, so I won't repeat them. If The gas take from the area improves enough, to make the economics good enough, We will attempt one more time to produce it.

I would like to have at least a one year extension, because it is too late this year to try anything.

Thank you for your cooperation, I am,

yours truly;

Jay J. Harris
Jay J. Harris
Operator

RECEIVED
DEC-7-1992

CON. DIV
DIST. 3
Chary
Arthur Harris
COA

THIS APPROVAL EXPIRES NOV 24 1993

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

SIGNED _____ TITLE _____ DATE 11/24/92

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE APPROVED

CONDITIONS OF APPROVAL, IF ANY:

DATE DEC 03 1992

[Signature]
AREA MANAGER

*See Instructions on Reverse Side