

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF044535 (B)
2. NAME OF OPERATOR W. M. Gallaway		6. IF INDIAN, ALLOTTEE OR TRIBE NAME U.S.
3. ADDRESS OF OPERATOR 3005 Northridge Drive, Suite I, Farmington, N.M. 87401		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 790' FNL, 850' FEL		8. FARM OR LEASE NAME Delo
14. PERMIT NO.		9. WELL NO. 7
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5489' Gr		10. FIELD AND POOL, OR WILDCAT Under Bloomfield Farmington
		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA A - Sec. 15, T28N, R11W
		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 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)	Change of Ownership		X

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)			

(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.)*

"THIS WELL HAS BEEN SOLD TO":

PetroCorp
16800 Greenspoint Park Drive
Suite 300 North Atrium
Houston, Texas 77060
(713) 875-2500

RECEIVED
JUL 11 1988
OIL CON. DIV.
DIST. 3

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

SIGNED W. M. Gallaway TITLE Owner/Operator

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

JUL 07 1988
DATE

FARMINGTON RESOURCE AREA

BY SMW

*See Instructions on Reverse Side