

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse 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.)

5. LEASE DESIGNATION AND SERIAL NO.

SE 08002A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Feuille

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Blanco Pic.Cliffs

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec.13,T-29-N,R- 9-W
N.M.P.M.

12. COUNTY OR PARISH 13. STATE

San Juan NM

14. PERMIT NO.

OCT 16 1985

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6465'GL

RECEIVED

16. BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

AREA OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT X

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.) *

9-13-85

PBTD 3251'. Tested casing to 4000#, ok. Perf'd 3068', 3074', 3080', 3086', 3092', 3101', 3107', 3133', 3144', 3168', 3173' w/l spz. Fraced w/58,000# 10/20 sand and 69,722 gallons treated water. Flushed with 800 gallons water.

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

SIGNED

TITLE

Drilling Clerk

DATE

10-14-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCG