

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

5. LEASE DESIGNATION AND SERIAL NO.

SF-079065

6. 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
Paramount Pet. Corp % BLM FOO
3. ADDRESS OF OPERATOR
1235 La Placa Hwy, Farmington, NM 87402
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
590/S 21950/E

7. UNIT AGREEMENT NAME
Aztec Touch (term)

8. FARM OR LEASE NAME
Aztec Touch UN.

9. WELL NO.
11

10. FIELD AND POOL, OR WILDCAT
Touch Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
19-29N-13W

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5432 GL

12. COUNTY OR PARISH 13. STATE
San Juan NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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

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.)*

Plan to plug the subject well by filling well bore from TO to surface with cement. Squeeze back side from 310' to surface with cement.

RECEIVED
JAN 20 1993
OIL CON. DIV.
DIST. 3

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

SIGNED Per Federal Contractor 1422-N651-C2-2094 TITLE DATE 1/15/93

(This space for Federal or State office use)

APPROVED BY TITLE APPROVED

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

JAN 15 1993
AREA MANAGER