

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. NOG-8702-1116
2. NAME OF OPERATOR CHUSKA ENERGY COMPANY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME NAVAJO
3. ADDRESS OF OPERATOR 315 N. Behrend Avenue, Farmington, New Mexico 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 2450' FSL & 725' FEL	8. FARM OR LEASE NAME RATTLESNAKE 3-2-29N19W
	9. WELL NO. 207
	10. FIELD AND POOL, OR WILDCAT RATTLESNAKE DAKOTA
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 2-T29N-R19W
14. PERMIT NO.	12. COUNTY OR PARISH SAN JUAN
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5299'	13. STATE NM

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)	<input type="checkbox"/>		<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) SWAB TEST, PUT ON PUMP	<input checked="" type="checkbox"/>		<input checked="" 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.) *

3/17/89 Move in pulling unit. Install wellhead. Pulled 1 joint 2 3/8" tubing. Trip in with tubing and tag bottom at 715'.
3/20/89 Swab 5 hours and recover 3 BO and .5 BW.
3/21/89 Trip out with tubing to replace bad joint. Trip in with 2 3/8" tubing and set at 650'.
3/22/89 Rig down pulling unit.
4/20/89 Rig up pulling unit. Set pump jack.
4/21/89 Run in hole with 2" x 1 1/2" x 6' pump, 25 5/8" rods and pony rods. Started pumping.
4/28/89 Pumped 2.5 BO and 1.9 BW.
5/19/89 Well shut in; waiting on water disposal system.

RECEIVED
JUL 1 0 1989
OIL CON. DIV.
DIST. 3

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

SIGNED Tom R. McCarthy
(This space for Federal or State office use)

TITLE Sr. Reservoir Engineer DATE 6/26/89
ACCEPTED FOR RECORD

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE JUL 06 1989

FARMINGTON RESOURCE AREA

BY SMW

*See Instructions on Reverse Side