

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 Av. 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
14. PERMIT NO.	9. WELL NO. 207
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5299	10. FIELD AND POOL, OR WILDCAT RATTLESNAKE DAKOTA
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 2 T29N R19W
	12. COUNTY OR PARISH SAN JUAN
	13. STATE 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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) RENAME <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.) *

To limit confusion in well designations, Chuska has ^{named} ~~renumbered~~ this well to that above. Originally submitted well name was ~~Rattlesnake 3-2-29N19W #3~~

Navajo

RECEIVED
SUN MAIL ROOM
89 MAR 16 PM 2:22
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

RECEIVED

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

SIGNED <u>[Signature]</u>	TITLE <u>Production Manager</u>	DATE <u>3-1-89</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	ACCEPTED FOR RECORD
CONDITIONS OF APPROVAL, IF ANY:		

APR 03 1989

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

NMOCC

BY K4