

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. NM 014375
2. NAME OF OPERATOR Flag-Redfern Oil Co.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 208, Farmington, NM 84799	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 220' FNL - 500' FEL	8. FARM OR LEASE NAME Crouch Mesa
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5720' GL	10. FIELD AND POOL, OR WILDCAT Crouch Mesa Undesignated Fruitland*
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T29N, R12W, NMPM
	12. COUNTY OR PARISH San Juan
	13. STATE NM

18. 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 COMPLETION <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) Plug back & recomplate <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.)*

Request permission to plug back & abandon Pictured Cliffs formation from P.B.T.D. 1900' to 1750'. Plan to selectively perforate Fruitland formation and attempt recompletion in Fall of '87/'88.

*Denotes change from Fulcher Kutz P.C.

RECEIVED
SEP 14 1987
OIL CON. DIV.
DIST. 3

Work to be done by 2/1/88

18. I hereby certify that the foregoing is true and correct	
SIGNED <u>Sherman E. Dugan</u> Sherman E. Dugan	TITLE <u>Agent</u>
(This space for Federal or State office use)	
APPROVED BY _____ CONDITIONS OF APPROVAL, IF ANY:	TITLE _____

APPROVED
DATE <u>9-2-87</u>
SEP 9 1987 DATE <u>9-2-87</u> <u>[Signature]</u> FARMINGTON, NM

*See Instructions on Reverse Side