(BINT INGS)	DEPARTMENT OF THE INTERIOR (Other instructions on re-					Form approved. Budget Bureau No. 42-D142 C. LEASE DESIGNATION AND SERIAL NO.		
GEOLOGICAL SURVEY						213		
SUND	DRY NOTIC	ES AND REPO	DRTS ON	WELLC	G. IF INDIAN.	ALLOTTER OR	TRIRE NAM	
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.)								
OIL GAE STIER						7. UNIT AGREEMENT NAME		
2. NAME OF OPERATOR				······································	S. FARM OR LI	CASE NAME		
Ladd Petroleum Corporation 8. ADDRESS OF OPERATOR						Federal "A"		
830 Denve	c Club Bl	dg. Denver,	Colora	do 90202				
4. LOCATION OF WELL (Rep. See also space 17 below.	ort location clear	ly and in accordance	with any State	requirements.	10. FIELD AND			
At surface	••	• 1				٠.		
			· • • • • •			i Dakot		
820' FSL	1750'FEL				11. SEC., T., R., SURVEY	, M., OR BLK OR AREA	AND	
020 101	TASO LED	1						
14. PERMIT NO.		15. ELEVATIONS (Show w			25-30	n-13W	•	
3/24/80	. 1 -			i etc.)	12. COUNTY OF	PARISH 13.	. STATE	
		5681 GI			San Ju	ian	N.M.	
16.	Check Appro	priate Box To Ind	licata Natura	of Notice, Report, or	01 0			
TO OTHER	7700 00 71000		incres (Aditis	or Notice, Report, or	Other Data		. :	
201	MCE OF INTENTION	(TO:	ı	SUBSE	QUENT REPORT OF:	; •		
TEST WATER SHUT-OFF	PCLI	OR ALTER CASING	7	# 4555 5355	–	•		
PRACTURE TREAT	1 7	TIPLE COMPLETE	-	WATER SHUT-OFF	REP	AIRING WELL		
SHOOT OR ACIDIZE		DON*		PRACTURE TREATMENT	ALT	ERING CASING	,	
REPAIR WELL		GE PLANS	-	SHOOTING OR ACIDIZING	ABA	NDONMENT.	·	
(Other)		-	-	(Other) Spud an	d surface	<u>casin</u>	g x	
17. DESCRIBE PROPOSED OR CO proposed work. If we nent to this work.) *	MPLETED OPERATE	ONS (Clearly state all drilled, give subsurfa	pertinent detai	(Norn: Report resul Completion or Recom is, and give pertinent date ad measured and true verti	pletion Report and s, including estimated denths for all	Log form.)	starting an	
5/5/80				ners Drilling		markers and	zones pert	
5/6/80		-						
3, 3, 3	"B" T	2% CaCl. P.	-22 STM	C new casing a	t 292 wi	th 150	sacks	
	Cem. C	irculated.	Installe	ed BOPE.			ia Na	
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		ACCES	PTED FOR F	ECONU			, :	
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		B East			V		/	
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		-						
18. I hereby certify that the i							•	
I mereny certary that the f		and correct				:		
SIGNED	1. Telese	√	n=ill	ing Manager				
		TITLE	·	ing Manager	DATE	5/28/	80	
(This space for Federal of	State office use							
APPROVED BY		•	•		t - + *		· — — —	
CONDITIONS OF APPRO	VAL JR AVV.	TITLE			DATE	•	-	
		•	1	-				
			NMOCO					
			-11000			• •		