

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Submit duplicate on reverse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1989

5. LEASE DESIGNATION AND SERIAL NO.

NM-4465

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.  
Greg

10. FIELD AND POOL OR WILDCAT

11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA  
Dakota

12. COUNTY OR PARISH 13. STATE  
27-30N-14W, NMPM  
San Juan New Mexico

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

Wexpro Company

3. ADDRESS OF OPERATOR

P. O. Box 458, Rock Springs, Wyoming 82902

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface

SE SE 1050' FSL, 1060' FEL

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

KB 5545', GR 5533'

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"/>
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) Long Term Shut-in	X

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)	

(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.)\*

The above captioned well will not produce commercial quantities of gas. With the decrease in gas prices, Wexpro Company requests permission to leave said well shut-in until the well can be produced. The previous approval for shut-in will expire on August 17, 1989.

RECEIVED

JUN 20 1989

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

THIS APPROVAL EXPIRES AUG 17 1990

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

SIGNED

TITLE District Manager

DATE June 16, 1989

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side