UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

	MM	048576			
6.	IF INDIAN	i, ALLOTTI	EE OR T	RIBE	NAME

SUNDRY NOTICES AND	REPORTS	UN	WELLS
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(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for still it in posals:)

1. oil gas
2. NAME OF OPERATOR
Joel B. Burr, Jr.
3. ADDRESS OF OPERATOR
300 W. Arrington, Suite 300, Farmington, NM
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17
below.)
AT SURFACE: 1000' FNL & 1560' FFI

same

same

10. FIELD OR WILDCAT NAME <u>Fulcher Kutz P.C.</u>

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Foothills

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 19, 30N, 12W

12. COUNTY OR PARISH 13. STATE San Juan New Mexico

14. API NO.

9. WELL NO.

5. LEASE

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,

15. ELEVATIONS (SHOW DF, KDB, AND WD) √ 5845 G.L.

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE "REAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) Extend drilling date

AT TOP PROD. INTERVAL:

REPORT, OR OTHER DATA

AT TOTAL DEPTH:

SUBSEQUENT REPORT OF: AND THE REPORT TE FARWING

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertine at 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.)*

Operator request extension of expiration date of APD for 6 months.

extended to 6/14/84

Subsurface Safety Valve: Manu. and Type Set @ _____ Ft. y that the foregoing is true and correct 18. Thereby cert Alexanderrice Agent (This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY: *See Instructions on Reverse Side HEAMANAGED A-D2 FARMINGTON RESOURCE AREA

