

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-28277
2. NAME OF OPERATOR Frontier Energy Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A
3. ADDRESS OF OPERATOR 750 Bering Suite 502 Houston, Texas 77057		7. UNIT AGREEMENT NAME N/A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface SW ¹ / ₄ , SEC. 20, T-32N, R4W 1525' FSL, 800' FWL		8. FARM OR LEASE NAME
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7402' GR	9. WELL NO. Arboles 20-A-#14
		10. FIELD AND POOL, OR WILDCAT Fruitland
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T32N, R4W
		12. COUNTY OR PARISH Rio Arriba
		13. STATE N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

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 checked="" type="checkbox"/>
(Other) SPUD & SURFACE NOTICE <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

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) <input 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.) *

Arboles 20-A-Y will be drilled with air - not fluids.
Spud - August 11th, 1984 - 12:00 midnight.
Surface Casing - 12 1/4" HOLE, SET 9-5/8" - 36 lb. to 211'
CEMENT TO SURFACE WITH 117 CU. FT.
CLASS B, 2% CALCIUM CHLORIDE.

RECEIVED
SEP 07 1984
OIL CON. DIV.
DIST. 3

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

SIGNED [Signature] TITLE Vice-President Operations DATE August 20, 1984

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____ TITLE _____ DATE SEP 05 1984

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA
RV Sm

*See Instructions on Reverse Side