

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse 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.)

OIL WELL ☐ GAS WELL ☒ OTHER

1. NAME OF OPERATOR DOUBLE "R" INC.

2. ADDRESS OF OPERATOR

C/O CHUSKA ENERGY CO. P.O. BOX 2118 FARMINGTON, NM 87499

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

1800' FNL & 1850' FWL (SE:NW)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6854' GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other) SPUD

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(NOTE: Report results of multiple completion or 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.)*

Spud on 6/16/88 @ 1400 hours. Set
10 3/4 in 32.75# H-40 ST&C new casing
at 472 ft Mix & pump cement as follows
Freshwater spacer, 420 sx Class B cement @
15.6 ppg with 2% CaCl, 1/4# /sx cellophane flakes.
Circulate 30 bbls good cement to surface.
Bump Plug with 300psi. Pressure up to 500psi ok.

Operator name change From: Austra-Tex
To: Double "R" Inc.

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

SIGNED M. C. [Signature]

TITLE

General Manager
VP DRILLING OPERATIONS

DATE

6/20/88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NMOCG

*See Instructions on Reverse Side