

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT - " for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. SF-079011
2. Name of Operator Taurus Exploration, U.S.A., Inc.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 2198 Bloomfield Highway; Farmington, NM 87401	7. If Unit or CA, Agreement Designation San Juan 32-5 Unit
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1169' FNL, 1173' FWL, Section 25, T32N, R6W, NMPM	8. Well Name and No. San Juan 32-5 Unit 19
	9. API Well No. 30-039-2590
	10. Field and Pool, or exploratory Area Blanco Mesaverde/Basin Dakota
	11. County or Parish, State Rio Arriba NM

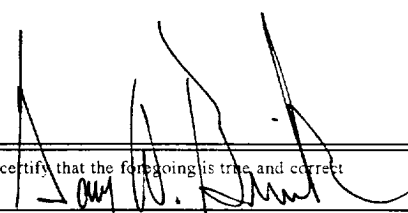
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Well Name Change	<input type="checkbox"/> Dispose Water
	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

3. 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.)\*

At the request of NMOCD, the name of this well will be changed to: San Juan 32-5 Unit 6A.

RECEIVED  
JUL 1 1998  
BUREAU OF LAND MANAGEMENT

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JUL 1 1998  
BUREAU OF LAND MANAGEMENT

14. I hereby certify that the foregoing is true and correct		
Signed 	Title Gary W. Brink	Date 6/30/98
(This space for Federal or State office use)		
Approved by _____	Title _____	
Conditions of approval, if any:		

ACCEPTED FOR RECORD

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\* See Instruction on Reverse Side

NMOCD

FARMINGTON DISTRICT OFFICE  
BY 