

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. 14-20-600-3530
2. NAME OF OPERATOR BK Petroleum, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Nava jo-Ute Mountain
3. ADDRESS OF OPERATOR P.O. Box 826, Farmington, NM 87499		7. UNIT AGREEMENT NAME Many Rocks Gallup Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1967' FSL, 981' FWL Section 7		8. FARM OR LEASE NAME Many Rocks Gallup
14. PERMIT NO.		9. WELL NO. 8
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5745'		10. FIELD AND POOL, OR WILDCAT Many Rocks Gallup
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 7-31N-16W
		12. COUNTY OR PARISH San Juan
		13. STATE NM

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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) <u>Test for Production.</u>	<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.)*

Rigged up workover rig, 10/22/86. Pull tubing and packer out of hole. Go back in hole. Set tubing at 1608'. Swab Gallup perforations 1689'-1695'. Tested 1 BOPD, 80 BWPD. Shut well in pending evaluation of returning well to water injection. End of Report

RECEIVED
NOV 04 1987
OIL CON. DIV.
DISP. 3

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

SIGNED <u>[Signature]</u>	TITLE <u>Office Manager</u>	DATE <u>10/29/87</u>
(This space for Federal or State office use)		ACCEPTED FOR RECORD
APPROVED BY _____	TITLE _____	DATE <u>NOV 01 1987</u>
CONDITIONS OF APPROVAL, IF ANY:		

FARMINGTON RESOURCE AREA

BY [Signature]

*See Instructions on Reverse Side