

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR BayStar Petroleum Corporation	8. FARM OR LEASE NAME Navajo M
3. ADDRESS OF OPERATOR P.O. Box 7397, ALB. N.M. 87194	9. WELL NO. 7
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface NW 1/4 NE 1/4 Sec. 34, T 32N, R 17W. 15000' to 2000'	10. FIELD AND POOL, OR WILDCAT Many Rocks
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 34-32N-17W
15. ELEVATIONS (Show whether DF, RT, OR, etc.)	12. COUNTY OR PARISH San Juan
BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA	13. STATE N.M.

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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"/>	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 type="checkbox"/>
(Other)	<input type="checkbox"/>		

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 checked="" 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.) *

Well was not acidized. There are no plans to acidize.

RECEIVED
MAR 04 1987
OIL CON. DIV. I
D.L. 3

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

SIGNED Robert P. Jensen

TITLE Chairman

DATE 2-24-87

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE MAR 02 1987

FARMINGTON RESOURCE AREA

BY Smm

*See Instructions on Reverse Side

NMOCC