

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

NM 53320

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 Samedan Oil Corporation | | 8. FARM OR LEASE NAME Laguna Federal | |
| 3. ADDRESS OF OPERATOR 1616 Glenarm Pl, #2550, Denver, CO 80202 | | 9. WELL NO. 1 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1880' FEL and 1660' FSL Sec 14, T3N-R12W Catron County, NM | | 10. FIELD AND POOL, OR WILDCAT Wildcat | |
| 14. PERMIT NO. | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NWSE Sec 14, T3N-R12W | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7330' GR | | 12. COUNTY OR PARISH Catron | |
| | | 13. STATE NM | |

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 type="checkbox"/> |
| (Other) | <input type="checkbox"/> | | <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) Weekly Report | <input checked="" type="checkbox"/> | | <input checked="" 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.)

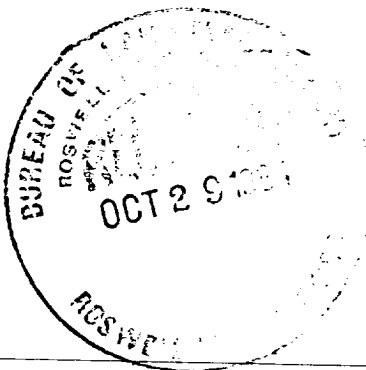
10/16/84 Set and cemented 20" casing at 80' from ground level.

10/18/84 MIRU Coleman Drilling Rig #2. Spud 13½" hole at 1:00 A.M.

10/18/84 to 10/22/84 Drill to 1915'.

10/22/84 Ran DIL w/GR & SP, BHC sonic w/GR, Litho-Density with CNL and GR logs from 1914' to 88'.
Ran 9-5/8", 36#, J-55, ST&C casing to 1915'.

10/23/84 Cemented 9-5/8" casing from 1915' to surface with 1215 sx.



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

SIGNED Gary L. Brune
Gary L. Brune
(This space for Federal or State of New Mexico RECORD)

TITLE Division Production Superintendent DATE October 24, 1984

APPROVED BY PETER W. CHESTER
CONDITIONS OF APPROVAL, IF ANY:
NOV 6 1984

TITLE _____ DATE _____