

(November 1983)
Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM OIL CONS. COMMISSION

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

Expires August 31, 1985

LEASE DESIGNATION AND SERIAL NO.

NM 53320

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"/> | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 2. NAME OF OPERATOR Samedan Oil Corporation | | 7. UNIT AGREEMENT NAME | |
| 3. ADDRESS OF OPERATOR 1616 Glenarm Place #2550, Denver, CO 80202 | | 8. FARM OR LEASE NAME Laguna Federal | |
| 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, New Mexico | | 9. WELL NO. 1 | |
| 14. PERMIT NO. | | 10. FIELD AND POOL, OR WILDCAT Wildcat | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7330' GR | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NWSE Sec 14, T3N-R12W | |
| | | 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 TREATMENT | <input type="checkbox"/> | MULTIPLE COMPLETION | <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 checked="" type="checkbox"/> |
| (Other) | <input type="checkbox"/> | | <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.) *

10/24/84 - Nipple up 10" BOP's with Blind Rams, Pipe Rams and Annular Preventor. Hook up choke manifold. Pressure test BOP's to 2,000 psi.

10/25/84 to 10/27/84 - Drill 8-3/4" hole from 1915' to 3672'.

10/27/84 - Lost circulation in San Andres formation.

10/28/84 to 10/31/84 - Drill from 3672' to 4045' with no returns. Attempt to regain circulation using aerated mud with no success.

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

SIGNED Gary L. Brune

TITLE Division Production Superintendent

DATE 11/01/84

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY PETER W. FLETCHER
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

NOV 6 1984

*See Instructions on Reverse Side

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.

RECEIVED BY

NOV 07 1984

O. C. D.
ARTESIA, OFFICE