

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-6135
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 ☒ GAS WELL ☐ OTHER ☐ 88 MAR 10 PM 1:27

2. NAME OF OPERATOR
Folk & Burge Oil Co., Inc. FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

3. ADDRESS OF OPERATOR
56 RD 2755 Aztec, N.M. 87410

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface 1870' FSL & 860' FWL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6561' Gr

5. LEASE DESIGNATION AND SERIAL NO
NM-17184

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A

7. UNIT AGREEMENT NAME
N/A

8. FARM OR LEASE NAME
FBC Federal

9. WELL NO.
#1

10. FIELD AND POOL, OR WILDCAT
Blue Mesa Mesa Verde

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec.12, T19N, R5W

12. COUNTY OR PARISH
McKinley

13. STATE
N.M.

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)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input checked="" type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<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.*

Major work has to be done on Pump Jack motor and other work done on the separator.

RECEIVED
MAR 13 1988
OIL CON. DIV.
DIST. 2

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

SIGNED Dean W. Folk TITLE Vice President DATE 3-10-88

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD

MAR 15 1988

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

BY ICP