

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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Plugged Backed	5. LEASE DESIGNATION AND SERIAL NO. NM-33036
2. NAME OF OPERATOR Reeves Drilling & Petroleum Corp.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 12145 Las Vegas NV. 89112	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 825° FWL 495' FNL Sec. 5 24N R1E	8. FARM OR LEASE NAME Southern Union
RECEIVED MAY 28 1985 BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA	9. WELL NO. J-CNE
	10. FIELD AND POOL, OR WILDCAT Puerto Chiquito East
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5 24N R1E
14. PERMIT NO.	15. ELEVATIONS (Show surface of land and management area 7033 GR.
12. COUNTY OR PARISH Rio Arriba	
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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.)*

On May 22, 1985, we plugged back hole with class B cement and sand using a 3 to 1 mix. Hole was filled with 16.65 cu. ft. of cement. A 5½" X 5' dry hole marker installed on surface with legal markings.

RECEIVED
JUN 04 1985
OIL COR. DIV.
DIST. 3

I hereby certify that the foregoing is true and correct

SIGNED

TITLE

APPROVED
AS AMENDED

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

MAY 31 1985

CONDITIONS OF APPROVAL, IF ANY:

/s/ J. Stan McKee

14. MILLENBACH
AREA MANAGER

*See Instructions on Reverse Side

NMOCC