

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. <b>SF-078359</b>
2. NAME OF OPERATOR <b>Bannon Energy, Inc.</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <b>Navajo Fee</b>
3. ADDRESS OF OPERATOR <b>P.O. Box 2058 Farmington NM 87499</b>		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 <b>965 FNL x 1680 FEL</b>		8. FARM OR LEASE NAME <b>Marcus A</b>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>6869 GR</b>	9. WELL NO. <b>4</b>
		10. FIELD AND POOL, OR WILDCAT <b>Counselors Gallup</b>
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA <b>Sec. 18 T23N-R6W</b>
		12. COUNTY OR PARISH <b>Rio Arriba</b>
		13. STATE <b>NM</b>

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Completion</u>	

(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.)\*

See attached casing and cementing program.  
1st stage of cement, top of cement at DV tool.  
2nd stage circulated to surface.

APPROVED  
DATE 07/27/89  
BY [Signature]

**RECEIVED**  
AUG 03 1989  
OIL CON. DIST. 3

18. I hereby certify that the foregoing is true and correct  
SIGNED [Signature] TITLE Operating Agent DATE 7-25-89

(This space for Federal or State office use)  
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

**ACCEPTED FOR RECORD**  
DATE **JUL 31 1989**  
FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side

Casing and Cement Summary

TD- 5650 Ran 136 joints, 4 1/2", 11.6 lb., K-55 casing.  
Measured , set at 5650 Float collar- (KB),  
Stage collar- 2987 (KB). First stage cemented as follows:

Pump 10 bbls. fresh water, 10 bbls.  $\text{CaCl}_2$  water, 10 bbls.  
fresh water, 12 bbls. Flocheck-21, 10 bbls. water spacer  
followed by 315 sacks, (595 cu. ft.) 65-35 pozmix, 2% gel,  
6 1/4 lbs. Gilsonite and 6 lbs. salt per sack. Followed w/100  
sks (170 cu ft.) 50-50 poz + 2% gel  
Circulated cement by stage collar. Circulated 4 hours between  
stages.

Second stage - same spacer program as the first stage  
followed by 450 sacks, ( 850 cu. ft.) 65-35 pozmix, 6%  
gel, 3 lbs. Hi Seal per sack followed by 50 sacks,  
( 60 cu. ft.) Class "B" cement. Plug down