

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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. SF 078359
2. NAME OF OPERATOR Bannon Energy, Inc. c/o Holcomb Oil & Gas, Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 2058, Farmington, NM 87499	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 Unit I 2173' FSL x 495' FEL	8. FARM OR LEASE NAME Federal 8
14. PERMIT NO. API 30-039-24554	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6864' GR	10. FIELD AND POOL, OR WILDCAT Counselors Gallup Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8 T23N R6W
	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 WELL <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>Casing & Cement Summary (AMENDED)</u>	
(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 directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

AMENDED REPORT

TD - 5650'. Ran 128 joints, 4 1/2", 11.6 lb., J-55 casing. Measured 5648', set at 5648'. Float collar - 5613' (KB), Stage collar - 3430' (KB). First stage cemented as follows:

Pump 10 bbls. fresh water, 10 bbls. CaCl₂ water, 10 bbls. fresh water, 12 bbls. Flocheck-21, 10 bbls. water spacer followed by 300 sacks, (546 cubic ft.) 65-35 pozmix, followed by 100 sx. 50/50 poz (140 cubic feet); 6% 6 1/4 lbs. Gilsonite and 6 lbs. salt per sack. Plug down.

Circulated cement by stage collar. Circulated 4 hours between stages.

Second stage - same spacer program as the first stage followed by 600 sacks. (1092 cubic ft.) 65-35 pozmix, 12% gel, 6 1/4 lbs. Gilsonite per sack followed by 50 sacks, (59 cubic ft.) Class "B" cement and circulated to surface. Plug down.

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

SIGNED <u>W. J. Holcomb</u>	TITLE <u>Agent</u>	DATE <u>1-31-90</u>
(This space for Federal or State office use)		

ACCEPTED FOR RECORD

APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

MAR 14 1990

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA