

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 078360	
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 805' FSL x 660' FWL		8. FARM OR LEASE NAME Federal 18	
14. PERMIT NO. 30-039-24707		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6921' GL		10. FIELD AND POOL, OR WILDCAT Lybrook Gallup	
		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Unit M Sec. 18 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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <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"/>	

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 type="checkbox"/>
(Other) <input type="checkbox"/>	Casing & Cement Summary <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.)

TD - 5720'. Ran 133 joints, 4 1/2", 11.6 lb., J-55 casing. Measured 5718', set at 5718'. Float collar - 5671' (KB). Cement stage as follows:

Cement with 925 sx. (1684 cubic ft.) 65/35 Poz & 4#/sx. ^{Pulite} Perute & 2% CaCl₂ & 1/4# sx. cello-seal. Displaced plug with 88 bbls. 2% KCl water. Circulated 35 sx. to surface and plugged down. ~~Top of cement @ 1200' per CBL.~~

RECEIVED
JUN 11 1990
OIL CON. DIV.
DIST. 3

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

SIGNED W. J. Holcomb TITLE Agent

DATE 5-14-90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
DATE _____

MAY 25 1990

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA
BY WJH