

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. NM-36929
2. NAME OF OPERATOR DIAMOND SHAMROCK EXPLORATION COMPANY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME -----
3. ADDRESS OF OPERATOR P.O. Box 2530 Mills, WY 82644	7. UNIT AGREEMENT NAME -----
4. LOCATION OF WELL (Report location clearly and in accordance with a State requirement. See also space 17 below.) At surface 380' FNL 680' FEL NE/NE	8. FARM OR LEASE NAME Zambarmo Lake Federal
14. PERMIT NO. 11/18/85	9. WELL NO. 41-18
15. ELEVATIONS (Show whether BUREAU OF LAND MANAGEMENT or FARMINGTON RESOURCE AREA) 6949' GR	10. FIELD AND POOL, OR WILDCAT Wildcat
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T19N, R2W
	12. COUNTY OR PARISH Sandoval
	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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Spud Well <input checked="" 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.) *

Spudded well at 8:30 p.m., 12/7/85, with Walter's Drilling Company Rig #2.
Ran 9-5/8", 36#, K-55 surface casing set at 631' KB in 13-3/4" hole. Cemented to ground level with 590 cubic feet of Class B cement with 2% CaCl and 1/4#/sack Flocele.

RECEIVED
DEC 16 1985
OIL CON. DIV.
DIST. 3

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

SIGNED F. R. Miller TITLE Drilling Supervisor DATE 12/9/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side