

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. NMNM 69186 |
| 2. NAME OF OPERATOR Nerdlihc Company, Inc. | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR 337 E. San Antonio Dr. Ste. 101, Long Beach, CA 90807 | | 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 660 FNL, 1980' FEL, Sec. 9, T16 N; R2W | | 8. FARM OR LEASE NAME Wild Bill |
| | | 9. WELL NO. #1 |
| | | 10. FIELD AND POOL, OR WILDCAT Wildcat |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, T16N; R2W |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6284 GR | 12. COUNTY OR PARISH 13. STATE Sandoval New Mexico |

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 checked="" 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"/> | |

(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.) *

There were no shows of Oil or Gas in the Wild Bill #1, therefore we intend to plug the well as follows:

To insure that zones containing fluids are isolated from each other, we intend to set the following cement plugs.

- #1 - 36 sx B-Neat Cement @ 2816'.
- #2 - 36 sx B-Neat Cement @ 1901'.
- #3 - 36 sx B-Neat Cement @ 1549'.
- #4 - 36 sx B-Neat Cement @ 310'.
- #5 - 80 sx B-Neat Cement @ 220' Fill to surface.

RECEIVED
DEC 12 1990
OIL CON. DIV
DIST. 3

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

SIGNED

Gene D. Wilson

TITLE Geologist

DATE

11-30 90

(This space for Federal or State office use)

APPROVED BY

Shirley Mondy

Acting

AREA MANAGER

TITLE

RIO PUERTO RESOURCE AREA

DATE

12/7/90

CONDITIONS OF APPROVAL IF ANY:

NMOCP

*See Instructions on Reverse Side