| SIGNED EL | the foregoing is true and correct The B. Klesher Tal or State office use) PPROVAL, IF ANY: | nt. Tested TITLE Presi | | DATE March 23, 1993 ACCEPTED FOR RECORD DATE MAR 2 6 1993 |
|----------------------------------|---|---|---------------------------|---|
| I hereby certify that SIGNED | the foregoing is true and correct Leth B. Klasher rai or State office use) | TITLE Presi | | DATEMarch 23, 1993 ACCEPTED FOR RECORL |
| I hereby certify that SIGNED | the foregoing is true and correct | 110 € [0 | | DATE <u>March 23, 1993</u> |
| I hereby certify that | the foregoing is true and correct | 110 € [0 | | DATE <u>March 23, 1993</u> |
| . I hereby certify that | | 110 € [0 | | BOP to 1000 pounds. |
| • | | nt. Tested | casing and | BOP to 1000 pounds. |
| 3/24/93 | Waited on ceme | nt. Tested | casing and | BOP to 1000 pounds. |
| 3/24/93 | Waited on ceme | nt. Tested | casing and | BOP to 1000 pounds. |
| 3/24/93 | Waited on ceme | nt. Tested | casing and | BOP to 1000 pounds. |
| 3/24/02 | 7.7 - 2 1 - 7 | . — | | |
| | | | | |
| | at 10:45 pm. | Copy of Hal | liburton job | log attached. |
| | 22 Dattets CEM | lent back it | 18 C2C/C/ | Di |
| | garron, rieta | T. TR Cubic | teet her can | le \ Gineral at a 2 |
| | 275 sacks Clas pound per sack | os "o" with | 28 Calciim c | hlorido 1/4 |
| | ber ouguere of | uer / revi | SACI COMON | + a - a - a - a - a - a - a - a - a - a |
| | ~ 0.5 E | i Centralize | TS ON NOTEON | . +b |
| | 0.023 0-33 24 | # 51'WC CASI | na with civia | Spudded WellRan 359' ofle Shoe and set |
| | and cement 201 | lace casino | In Attenina | O |
| | TI-IV am that | expected to | r flaw bunz i | ato afternas |
| 3/23/93 | Notified Mark | Kelly, Bure | au of Land M | Management, at |
| | | | | |
| nent to this work. | e unrectionally drilled, give | subsurface locations | and measured and true. | dates, including estimated date of starting any vertical depths for all markers and zones perti- |
| T. DESCRIBE PROPOSED - | OR COMPLETED OPERATIONS (Clearly | state all pertinent det | | CCOMPLETION DEPOTE BULLIAN I - AM ANDER I |
| Other | CHANGE PLANS | | (NOTE : Report | Well XX |
| SHOOT OR ACIDIZE | ABANDON* | | SHOOTING OR ACIDIZIN | IG ABANDONMENT* |
| FRACTURE TREAT | MULTIPLE COMPLE | TE | FRACTURE TREATMENT | ALTERING CARING |
| TEST WATER SHUT | OFF PULL OR ALTER CA | SING | WATER SHUT-OFF | |
| | NOTICE OF INTENTION TO: | | | UBSEQUENT REPORT OF: |
| | Check Appropriate Box | To Indicate Natur | e of Notice, Report | , or Other Data |
| 8 | | 1210 | DIST 2 | Sandoval · New Mexico |
| | GL: | | | 12. COUNTY OR PARISH 13. STATE |
| 14. PERMIT NO. | 15. ELEVATIONS | (Show whether) RT | | SEC 27 T23N R7W NMPM |
| | | MA. | R291993 | SURVEY OR AREA |
| 1152 | ' FNL - 420' FEL · | W | | 11. SEC., T., E., M., OR BLK. AND |
| At surface | | ID) E | CEIVED | Lybrook Gallup |
| See also space 17 b | Report location clearly and in and | ordance with the | omequirements.* | 14 10. FIELD AND POOL, OR WILDCAT |
| 135 Grant, | Santa Fe, NM 87501 | | _ _ | 9. WELL NO. |
| 3. ADDRESS OF OPERAT | | <u>0 FASATE BRON, I</u> | M | Federal B · |
| BCO, INC. | | | | 8. FARM OR LEASE NAME |
| WELL XX WELL 2. NAME OF OPERATOR | OTHER 93 | MAR 24 AM 10: 2 | 26 | |
| . 017 — | | | | 7. UNIT AGREEMENT NAME |
| | use "APPLICATION FOR PER | o deepen or plug back MIT—"Edr iden propos | to a different reservoir. | |
| | NDRY NOTICES AND | KEROKIZ ON | WELLS / | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| (Do not we t | NDDV MOTICES AND | DEDONTO OLI | 14.50 | NM-6682 · |
| (Do not use th | | | | |
| SU (Do not use the | DEPARTMENT OF T BUREAU OF LAND | MANAGEMENT | | 5. LEASE DESIGNATION AND SERIAL NO. |

HALLIBURTON SERVICES **JOB LOG**

14 LEASE Federal "B" MCKET NO. 296362 FORM 2013 R-Z TIME TUBING 12030 2206 2211 52 2231 2232 21,5 2241 2242 for Complete Thomps for calling Halliberton Plonge, Mike, & Crew Circulated 33 Bb/s coment