

1 Clark 1 Hickman 1 File
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse 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 ☒ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
J. Felix Hickman

3. ADDRESS OF OPERATOR
P O Box 208, Farmington, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface 1865' FNL - 550' FEL

RECEIVED

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GL, etc.)

7063' GL

5. LEASE DESIGNATION AND SERIAL NO.

NM 03011

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Clark

9. WELL NO.

11

10. FIELD AND POOL, OR WILDCAT

West Lindrith Gallup-Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec.5, T24N,R3W, NMPM

12. COUNTY OR PARISH 13. STATE

Rio Arriba

NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

XX

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)

Request change of casing program as follows:

9-5/8" OD, 36# casing to be set at 234' RKB with 125 sx (147 cf) of cement.

SUNDRY SUBMITTED PER BLM INSTRUCTIONS.

RECEIVED

JAN 23 1985

OIL CON. DIV.
DIST. 3

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

SIGNED Jim L. Jacobs

TITLE Geologist

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE 1-14-85

JAN 16 1985

/s/ J. Stan McKee

AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

Q. 10