

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. SF-080566-A
2. NAME OF OPERATOR Minel, Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 457-C Washington SE, Albuquerque, NM 87108	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 1180' FNL & 1850' FWL	8. FARM OR LEASE NAME N-Z
15. ELEVATIONS (Show whether top of casing or bottom of hole) 7307' GR	9. WELL NO. 1
	10. FIELD AND POOL, OR WILDCAT Ojito Gallup-Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1-T25N-R3W
14. PERMIT NO.	12. COUNTY OR PARISH Rio Arriba
	13. STATE N.M.

RECEIVED
NOV 26 1985

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input checked="" 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"/>		<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.) *

11-22-85 SPUD at 3:45 p.m. on 11-22-85. Drld. 228' 12 1/4" hole.
Ran 5 jts. 215' 9 5/8" J-55 36# casing to 227' KB.
Cemented w/150 sx Class B w/2% CaCl. Cement (177 c.f.)
circulated to surface. Plug down 11:00 p.m. WOC 12 hrs.
Pressure tested to 600 psi, held ok.

RECEIVED
DEC 03 1985
OIL CON. DIST. 3

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

SIGNED Marian J. Winsteth TITLE Agent DATE 11-25-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: ACCEPTED FOR RECORD

*See Instructions on Reverse Side