

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
BHP Petroleum (America) Inc.

3. ADDRESS OF OPERATOR
P. O. Box 3280 Casper, Wyoming 82602

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
1020' FNL & 860' FWL

14. PERMIT NO.
GR-6726'

15. ELEVATIONS (Show whether on surface or subsurface)
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE DESIGNATION AND SERIAL NO.
Jicarilla Contract #35

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jicarilla Apache Tribal 35

9. WELL NO.
3

10. FIELD AND POOL, OR WILDCAT
West Lindrith Dakota/Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 12 T24N-R5W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

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) Change of Operator <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.) *

BHP Petroleum (Americas) Inc. took over as operator of the subject well from Amoco Production Company effective 2-3-86.

Designation of Operator on file

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

SIGNED Paul Bertoglio TITLE Petroleum Engineer DATE 2-17-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE FEB 25 1986

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side