

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

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	5. LEASE DESIGNATION AND SERIAL NO. NM-03556
2. NAME OF OPERATOR CURTIS J. LITTLE	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1258, Farmington, NM 87499	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any applicable rules. See also space 17 below.) At surface 1700' FNL & 1850' FEL	8. FARM OR LEASE NAME SCHMITZ
14. PERMIT NO. API #30-039-23785	9. WELL NO. 2-A
15. ELEVATIONS (Show whether or not) 7236' GR	10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Ojito Gallup/Dakota
	12. COUNTY OR PARISH Rio Arriba
	13. STATE N.M.

RECEIVED

OCT 09 1985

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☒	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐

(Other) _____
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DIS. LINE 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.)

10-6-85: SPUD 2:00 p.m. Drld. 12 1/2" hole, Ran 206' of 9 5/8", 24# casing to 217' KB. Howco cemented w/106 sx (110 CF) Class "B" w/2% CaCl. Circulated 2 bbls. good cement to pits. Plug down 6:30 p.m. WOC 12 hrs. Pressure tested to 500 psi Held ok.

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

SIGNED _____ TITLE Operator

DATE 10-8-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DATE

OCT 10 1985

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA

DI _____
DV 693