UNITED STATES  DEPARTMENT OF THE INTERIOR  GEOLOGICAL SURVEY	5. LEASE SF-0555076 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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 Form 9–331–C for such proposals.)	7. UNIT AGREEMENT NAME  8. FARM OR LEASE NAME
1. oil gas other	Howard Federal  9. WELL NO.  43-15
2. NAME OF OPERATOR Reading & Bates Petroleum Company  3. ADDRESS OF OPERATOR 2300 Denver National Bank 1125 17th St. Denver, Colorado 80202  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	10. FIELD OR WILDCAT NAME Gavilan-Mancos/Gavilan Greenhorn-Graneros-Dakota 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15-T25N-R2W
below.) AT SURFACE: 1650'FSL, 790'FEL AT TOP PROD. INTERVAL: Same AT TOTAL DEPTH: Same	N.M.P.M.  12. COUNTY OR PARISH 13. STATE Rio Arriba N.M.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 7249 GL
REQUEST FOR APPROVAL TO:  TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) Change Casing Program FARMINGTON RESC	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state	e 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.)\*

The following is the proposed casing program, a change from one submitted on APD. The cementing program will remain the same.

0 - 6650', 7", 23.0 lb. per foot, N-80, LT&C 6650 - 8100', 7", 26.0 lb. per foot, N-80, LT&C

\_ Set @ \_

Subsurface Safety Valve: Manu. and Type FOR: READING & BATES PETROLEUM COMPANY 18. I hereby certify that the foregoing is true and correct
President, Walsh 12/12/85 TITLE Engr. & Prod. DATE SIGNED <u>Ewell</u> (This space for Federal or State office use) \_ TITLE .

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: \_\_ DATE \_

NMOCC

\*See Instructions on Reverse Side

j. John Kille