

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
Reading & Bates Petroleum Co.

3. ADDRESS OF OPERATOR
3200 Mid-Continent Tower, Tulsa, OK 74103

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
1650'FSL, 790'FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether depth or elevation)
7249'GL

RECEIVED
MAR 28 1986
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE DESIGNATION AND SERIAL NO.
NM - 0555076

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Howard Federal

9. WELL NO.
43-15

10. FIELD AND POOL, OR WILDCAT
Cavilan-Mancos/ Gavilan
Greenhorn-Graneros/Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 15, T25N, R2W
N.M. P.M.

12. COUNTY OR PARISH
Rio Arriba

13. STATE
NM

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 PLANE <input type="checkbox"/>	(Other) Running & cmtg. surface csg. <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.) *

On 12-7-85, ran surface casing in 12 $\frac{1}{4}$ " hole as follows:
Drilled depth 381'. Ran 9 joints 9-5/8", 36#, K-55, STC casing to 374'.
Cemented with 250 sx. Class "B" + 3% CaCl₂ + 1/4#/sx. flocele. Bumped
plug at 4:40 A.M., 12-7-85. Good returns throughout job. Circulated
approx. 10 bbls. cement to reserve pit. Cement stood at ground level.

RECEIVED
APR 10 1986
OIL CON. DIV
DIST. 3

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

SIGNED J. Bruce Petito TITLE Division Manager DATE 3/24/86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE APR 09 1986

CONDITIONS OF APPROVAL, IF ANY: _____

FARMINGTON RESOURCE AREA
BY fl

*See Instructions on Reverse Side

NMOCC

and willfully to make to any department or agency of the