

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR MINEL, INC.	8. FARM OR LEASE NAME NZ
3. ADDRESS OF OPERATOR 457-C Washington SE Albuquerque, NM 87108	9. WELL NO. #2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 655' FNL & 515' FEL	10. FIELD AND POOL, OR WILDCAT Ojito Gallup <i>Dick</i>
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 2- T25N-R3W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7335' GR	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

RECEIVED

OCT 31 1986

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Pit ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.)*

Additional Reserve Pit built on South end of location, 50' x 50' due to inadequate volume on the initial reserve pit. Verbal permission was granted by BLM to Joe Elledge for construction.

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

SIGNED

TITLE

Operator agent

DATE

APPROVED

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

NOV 05 1986

CONDITIONS OF APPROVAL, IF ANY:

FOR AREA MANAGER

*See Instructions on Reverse Side