

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. SF-080539
2. NAME OF OPERATOR Curtis J. Little Oil & Gas	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 State requirements.* See also space 17 below.) At surface 2900' FNL & 1650' FEL	8. FARM OR LEASE NAME Hurt Federal
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7320' Gr	10. FIELD AND POOL, OR WILDCAT Ojito Gallup-Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1, T25N-R3W
	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 checked="" 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) <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.)*

Propose to change production casing program as follows:

0 - 500' - 4 1/2", 11.6#, N-80 (new)
500' - 6400' - 4 1/2", 11.6#, J-55 (new)
6500' - 8350' - 4 1/2", 11-6#, N-80 (new)

RECEIVED
AUG 10 1987
OIL CON. DIV.
DIST. 3

RECEIVED
AUG 10 1987
OIL CON. DIV.
DIST. 3

18. I hereby certify that the foregoing is true and correct	
SIGNED <i>Curtis J. Little</i> TITLE Operator	APPROVED
(This space for Federal or State office use)	DATE 8-3-87
APPROVED BY _____ TITLE _____	DATE AUG 06 1987
CONDITIONS OF APPROVAL, IF ANY:	<i>John Skellern</i> FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

NMOC