

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"/>		5. LEASE DESIGNATION AND SERIAL NO. SF 078532
2. NAME OF OPERATOR Bannon Energy, Inc. c/o Holcomb Oil & Gas, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 2058, 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 Unit P 790' FSL x 330' FEL		8. FARM OR LEASE NAME Mesa 25
14. PERMIT NO. 30-039-24619		9. WELL NO. 5
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6743' GL		10. FIELD AND POOL, OR WILDCAT Escrito Gallup Assoc.
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25 T24N R7W
		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 PLANS <input type="checkbox"/>	(Other) Completion <input checked="" 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 directional or drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) \*

RECEIVED  
MAY 24 1990

OIL CON. DIV  
DIST. 3

TD - 5740'. Ran 136 joints, 4 1/2", 11.6 lb., J-55 casing. Measured 5736', set at 5736'. Cement stage as follows:

Pump 10 bbls. fresh water, 10 bbls. CaCl<sub>2</sub> water, 10 bbls. fresh water, 12 bbls. Flocheck-21, 10 bbls. water spacer followed by 900 sx, (1908 cubic ft.) Pacesetter Lite 12#/gal. and 125 sx. (195 cubic ft.) 50-50 poz. Displaced plug with 2% KCl water. Plugged down. Top of cement @ 1200' per CBL.

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

SIGNED W. J. Holcomb

TITLE Agent

DATE 5-1-90

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE MAY 23 1990

CONDITIONS OF APPROVAL, IF ANY:

NMOCD

FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side BY WJH