

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF 078584	
2. NAME OF OPERATOR McElvain Oil and Gas Properties, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 2148, Santa Fe, NM 87504-2148		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 890' FNL & 1450' FEL		8. FARM OR LEASE NAME Federal A Com	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6933' GR		10. FIELD AND POOL, OR WILDCAT Ballard Pictured Cliffs	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 13, 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"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Set casing.	<input checked="" type="checkbox"/>		<input checked="" 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.)*

October 18, 1994

Run 62 joints of 4 1/2" 10.5 lb. J-55 ST&C casing. Total of 2569' set @ 2581' T.D. Centralizers on string @ 1903', 1947', 2379', 2424', 2467' and 2511'. Cemented with 340 sx of 2% C-lite with 1/4 lb. celloflake added per sack. Followed with 120 sx Class B with 2% CaCL with 1/4 lb. celloflake added per sack. Circulated 40 good sacks of cement to surface. Plug down @ 4:15pm.

Float held OK. Set 4 1/2" casing slips in wellhead with 32000 lb. Cut pipe off, released rig at 7:00pm.

RECEIVED
OCT 28 1994
OIL CON. DIV.
DIST. 3

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

SIGNED

TITLE VP, Exploration & Production

DATE

10/21/94

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

OCT 2 1994

*See Instructions on Reverse Side

FARMINGTON DISTRICT OFFICE