

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS ROOM

(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 - 079139 - A | |
| 2. NAME OF OPERATOR Kimbell Oil Company of Texas | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR P.O. Box 1097 Farmington, New Mexico 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 990' FSL and 990' FEL Sec. 26, T25N, R6W | | 8. FARM OR LEASE NAME Warren Fed | |
| 14. PERMIT NO. | | 9. WELL NO. 3 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6670 GL | | 10. FIELD AND POOL, OR WILDCAT Basin Dakota | |
| 12. COUNTY OR PARISH Rio Arriba | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T25N, R6W | |
| 13. STATE NM | | 12. COUNTY OR PARISH Rio Arriba | |

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 checked="" type="checkbox"/> | CHANGE PLANS <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.)*

Week of August 3 - swab well to clean out fluid, after well comes back around put on intermitter for 7 minutes in 24 hours if not going to sales line to keep water off the formation. Water will be blown to fenced pit.

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

SIGNED Juan Licit TITLE Production Superintendent DATE June 24, 1987

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY: _____

ACCEPTED FOR RECORD

JUN 24 1987

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA