

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

(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"/>	60 MAY 24 AM 10:51	5. LEASE DESIGNATION AND SERIAL NO. NM-66506
2. NAME OF OPERATOR APC	FARMINGTON RESOURCE AREA FARMINGTON, NEW MEXICO	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR		7. UNIT AGREEMENT NAME Bear Canyon Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1820' FSL x 970' FWL		8. FARM OR LEASE NAME
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, OR, etc.) 7353' GR	9. WELL NO. 3
		10. FIELD AND POOL, OR WILDCAT Wildcat Dakota and Gavilan Manacas Extension
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NW/4 Sec 11, T26N, R2W
		12. COUNTY OR PARISH Rio Arriba
		13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	FULL 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"/>		

SUBSEQUENT REPORT OF:

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) Spud and Set Casing	<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.)*

Spud a 12-1/4" hole on 1-5-88 at 2300 hrs. Drilled to 308'. Set 9-5/8", 36 #, KSS surface casing at 308'. Cemented with 236 cf Class B 2% CaCl₂. Circulated 20 bbls cement to surface. Pressure tested casing to 800 psi. Drilled on 8-3/4" hole to 6900'. Set 7", 23 #, N80 intermediate casing at 6898'. Stage 1: cemented with 616 cf Class B 50:50 poz and tailed in with 118 cf Class B Ideal. Stage 2: cemented with 1617 cf Class B 50:50 poz and tailed with 118 cf Class B Ideal. DV tool was set at 4011'. Ran a temperature survey from surface to 3055'. Pressure tested to 800 psi. Drilled a 6-1/4" hole to a TD of 8411' on 2-10-88. Set a 4-1/2", 11.6 #, KSS and N80 liner at 8401'. Top of the liner is at 6564'. Cemented the liner with 370 cf Class B 50:50 poz. Released the rig on 2-11-88.

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

SIGNED AS Shaw

TITLE Adm Supervisor

DATE 2-19-88

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

BY _____

CONFIDENTIAL

*See Instructions on Reverse Side

NMOCC