

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(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. NM 25452
2. NAME OF OPERATOR Four Corners Exploration	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Tribal Trust
3. ADDRESS OF OPERATOR P.O. Box 1067 Farmington, N.M. 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 330 FNL 330 FEL Section 29, T25N, R12W	8. FARM OR LEASE NAME South Bisti Federal
	9. WELL NO. 29-1
	10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T25N, R12W
14. PERMIT NO.	15. ELEVATIONS (Show whether DEPT. OF STATE) 6310 GR
	12. COUNTY OR PARISH San Juan
	13. STATE NM

RECEIVED

MAY 19 1986

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 checked="" 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) <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.) *

Ran 120 Jts. 5 1/2" 15.5# St & C Production casing (4912') set at 4924'.
Float collar at 4880'

Cemented with 286 Sx. Econolite cement (1127 cu. ft.)
followed by 200 Sx. Class B w/2% Cacl2 (236 Cu. Ft.) for a total of 1363 cu. ft.
Circulated 15 bbls. good cement to surface

RECEIVED
MAY 22 1986
OIL CON. DIV.
DIST. 3

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

SIGNED James W. Pender TITLE Drilling Engineer DATE 5-16-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE MAY 21 1986

CONDITIONS OF APPROVAL, IF ANY: _____

FARMINGTON RESOURCE AREA

BY [Signature]

*See Instructions on Reverse Side

NMOCC