

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. NM 10431
2. NAME OF OPERATOR FALCON SEABOARD GAS COMPANY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR c/o Dave Simmons Box 48, 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 1770' FNL & 960' FEL	8. FARM OR LEASE NAME 29-4 CARSON 12
	9. WELL NO. 1
	10. FIELD AND POOL, OR WILDCAT BASIN FRUITLAND COAL POOL
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 12 T29N R4W
14. PERMIT NO.	12. COUNTY OR PARISH RIO ARriba
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 7112 GR 7125 KB	13. STATE NEW MEXICO

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) <input type="checkbox"/>	
(Other) SQUEEZE CEMENT <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.) *

After running CBL the coal sections and water sands were not isolated, therefore, Operator plans to squeeze 5-1/2" casing prior to fracture stimulate. The 5-1/2" will be perforated at 3645' with 4 squeeze holes. Then 150 sacks (177 cu. ft.) of Class "B" standard with 0.6% Halad 322 will be pumped to cover top of coal sections and circulated high enough to cover thr water sands.

After the well is completed, then Operator plans to perforate the 5-1/2" casing at 1110' KB. Cement will be circulated to surface. Operator plans on using 250 sacks (295 cu. ft.) Class "B" Standard with 0.6% Halad 322. A temperature survey will be run to find top of cement if the cement does not circulate.

RECEIVED
OCT 31 1990
OIL CON. DIV.
DIST. 3

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

SIGNED R.D. Simmons TITLE AGENT DATE 12-12-90
R.D. Simmons
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED

OCT 19 1990
Ken Thompson
AREA MANAGER

*See Instructions on Reverse Side