

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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-36479 |
| 2. NAME OF OPERATOR VERYL F. MOORE | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR 2605 HIGHLAND PLACE, FARMINGTON, NEW MEXICO 87401 | 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 1850' FSL, 790' FEL Sec. 6, T29N, R14W | 8. FARM OR LEASE NAME BUSKEN |
| 14. PERMIT NO. | 9. WELL NO. 1 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5314 RKB | 10. FIELD AND POOL OR WILDCAT Undesignated Fruitland Twin Mounds Picture Cliff |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6, T29N, R14W |
| | 12. COUNTY OR PARISH SAN JUAN |
| | 13. STATE NEW MEXICO |

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

NOTICE OF INTENTION TO:

| | | | |
|---------------------|--------------------------|----------------------|--------------------------|
| 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"/> | | |

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) GAS VOLUME TEST | <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.)*

1-11-88 Sealed Master Valve.

2-10-88 30 day S.I.P. 4# blew to 0 in 5 seconds. Left well venting 15 mins. T.S.M.

COMMENTS: Well logged off with water. An A.O.F. of 211 MCF was taken in Feb. 1984. If the well were swabbed in, the same volume range should be expected.

Since the surplus of gas seems to be lessening, I would hope a gas contract could be obtained within 1 to 3 years.

RECEIVED
MAR 02 1988
OIL CON. DIV.
DIST. 3

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

SIGNED

Veryl F. Moore

TITLE

OPERATOR

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
DATE 2-15-88

FEB 29 1983

FARMINGTON RESOURCE AREA

BY *SW*

*See Instructions on Reverse Side

NMOCC