

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. WELL TYPE OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. C-14-20-603-4903
2. NAME OF OPERATOR J. D. Harmon - dba H&S Production		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NA DZIS PAH - ALLOTTED
3. ADDRESS OF OPERATOR 2400 Glade Road, Farmington, New Mexico 87401		7. UNIT AGREEMENT NAME n/a
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660'N & 2260'E		8. FARM OR LEASE NAME NA DZIS PAH
14. PERMIT NO.		9. WELL NO. #2
15. ELEVATIONS (Show whether DF, RT, CR, etc.)		10. FIELD AND POOL, OR WILDCAT VERDE GALLUP
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NW Lt 2, SW 1/4, 1, T30N-R16W
		12. COUNTY OR PARISH SAN JUAN
		13. STATE NM

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) CHANGE OPERATOR <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.)*

CHANGE OPERATOR FROM SUMATRA ENERGY COMPANY, INC. TO J. D. HARMON -dba H&S Production
EFFECTIVE 3/11/85, 1985.

APR 18 1985
OIL CON. DIST. 3

I hereby certify that the foregoing is true and correct

SIGNED Wendy York

TITLE Agent

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE APR 18 1985

FARMINGTON RESOURCE AREA

BY js

*See Instructions on Reverse Side