

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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 <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF078243	
2. NAME OF OPERATOR Romo Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1785, 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 1750' FNL; 1585' FEL		8. FARM OR LEASE NAME Owen	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5971' RKB		10. FIELD AND POOL, OR WILDCAT Blanco Mesaverde	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, T31N, R12W	
		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:		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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.)*

1. Spotted 750 gallons of 7 1/2% HCL across perforations.
2. Pulled 2 3/8" tubing.
3. Ran Gamma-Ray Log from 4883' to 3870'.
4. Perforated one hole at each of the following depths: 4674, 4674, 4694, 4705, 4714, 4739, 4748, 4755, 4763, 4793, 4867. (Total of 11 holes)
5. Ran 151 joints of 2 3/8" , 4.70#, E.U.E. tubing and landed at 4743' R.K.B.
6. Swabbed well, did not kick off.
7. Shut well in for pressure build-up. Will swab again after pressure builds up.
8. Job completed 8/12/87

RECEIVED
SEP 21 1987
OIL CON. DIV.
DIST. 3

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

SIGNED <u>Kenneth E. Roddy</u>	TITLE <u>President</u>	DATE <u>9/14/87</u>
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(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE SEP 17 1987

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

BY smm

*See Instructions on Reverse Side

NMOCC