

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 <input type="checkbox"/> | | 5. LEASE DESIGNATION AND SERIAL NO. 14-20-604-82 | |
| 2. NAME OF OPERATOR W. M. Gallaway | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Mountain Indian | |
| 3. ADDRESS OF OPERATOR 3005 Northridge Drive, Suite I, Farmington, N.M. 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 | | 8. FARM OR LEASE NAME Ute Indian E | |
| 14. PERMIT NO. FEB 7 1989 | | 9. WELL NO. 7 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6041' GR | | 10. FIELD AND POOL, OR WILDCAT Verde Gallup | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17, T31N, R14W | |
| | | 12. COUNTY OR PARISH San Juan | |
| | | 13. STATE N.M. | |

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

| 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) <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.)*

Extended request for shut-in gas well. We still do not have a market or gas line for this well. We hope for better gas prices and market to produce this well. Attachments are:

Test chart, field data sheet, testing engineer's calculations.
This test was witnessed by your engineer, Carl A. Barrick.
Estimated BTU is 1250 in this well

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

SIGNED W. M. Gallaway TITLE Operator DATE 2/3/89
(This space for Federal or State office use)
APPROVED BY L. Mark Hollis TITLE ACTING AREA MANAGER DATE FEB 9 1989
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side