

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. MOO-C-1420-0622	
2. NAME OF OPERATOR KIMBARK OIL & GAS COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Mountain Tribal	
3. ADDRESS OF OPERATOR 1580 Lincoln Street, #700, Denver, Colorado 80203		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 2400' FSL, 430' FWL		8. FARM OR LEASE NAME Heather Ann	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5816 GL		10. FIELD AND POOL, OR WILDCAT Verde Gallup	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 8, 31N, 14W	
		12. COUNTY OR PARISH San Juan	
		13. STATE New Mexico	

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

7/24/84 - MIRU. Pull rods and pump. Spot 40 sx plug over perfs. Pulled tbg above cement.

7/25/84 - Tag cement @ 1850'. Circ hole. Pull tbg. RU csg pack. Shot csg off @ 1338'. Pull csg.

7/26/84 - Spot 50 sx plug @ 1390'. Test plug.
Spot 50 sx plug @ 152'.
Cut off 8 5/8" surface csg 3' below ground level.
Covered well bore w/1/4" steel plate welded in place.
Spot 10 sx cement plug at surface.
Install dry hole marker.
Clean and level location.
Area has been reseeded w/seed mixture recommended by BIA.

AUG 17 1984

Delgado, Colorado

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

SIGNED Carlson TITLE Operations Manager DATE 8/10/84

(This space for Federal or State office use)

APPROVED BY David J. Miller TITLE AREA MANAGER DATE DEC 23 1985

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side