

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		5. LEASE DESIGNATION AND SERIAL NO. NM 059848
2. NAME OF OPERATOR COLUMBUS ENERGY CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. BOX 2038, FARMINGTON, NEW MEXICO 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 790' FNL & 1980' FWL		8. FARM OR LEASE NAME FREEMAN
14. PERMIT NO.		9. WELL NO. 1-M
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5719' GL		10. FIELD AND POOL, OR WILDCAT DAKOTA/MESA VERDE
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 11, T31N, R13W
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.)*		12. COUNTY OR PARISH SAN JUAN
		13. STATE NM

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"/>
(Other) Cmt 5 1/2" Csg above P.C. <input checked="" type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
18. I hereby certify that the foregoing is true and correct			

We purpose to perf two 1/2" squeeze holes at the base of the Pictured Cliff formation 2020' and cement with 300 sacks of 65-35 Poz with 6% gel and 1/4# Flocele per sack, followed with 100 sacks Class "H" Neat with 1/4# Flocele per sack. Drill out and pressure test to 750 psi.

RECEIVED
JAN -2 1987
OIL CON. DIV.
DIST. 3

18. I hereby certify that the foregoing is true and correct		APPROVED	
SIGNED <i>[Signature]</i>	TITLE Drilling & Prod. Superintendent	DATE Dec. 24, 1986	
(This space for Federal or State office use)			
APPROVED BY	TITLE	DATE <i>[Signature]</i>	
CONDITIONS OF APPROVAL, IF ANY:			

*See Instructions on Reverse Side

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14. PERMIT NO.		9. WELL NO. 1-M
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5719' GR		10. FIELD AND POOL, OR WILDCAT BLANCO MV/BASIN DK
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T31N, R13W
		12. COUNTY OR PARISH SAN JUAN
		13. STATE N.M.

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 PLANE <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input checked="" 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) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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10-14-88 Washed over Packer 6523', fished Packer
10-15-88 Set Baker Model Retrieval "D" Packer 5-1/2" @ 4785' & RBP @ 4300'. Perforated 2-1/2 squeeze holes @ 2020'. Attempted to circ annulus to surface. No flow from Bradenhead. Cmt w/100 sx Class "B" w/2% CaCl (118 cu ft)
10-17-88 Perf 2-1/2" squeeze holes @ 850'. Set Packer @ 662'. Cmt w/200 sx 65-35 Poz w/6% gel (374 cu ft) & 50 sx Class "B" neat w/2% CaCl (59 cu ft). Circ 20 bbls cmt to surface.
10-18-88 Drill out cmt & pr test 1000 psi. OK
10-19-88 Ran 210 jts 1-1/2" EUE Dakota production tbgs 6584' landed at 6594'. Ran 139 jts 1-1/4" EUE Mesa Verde production tbgs 4462' landed at 4472'.

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

SIGNED [Signature] TITLE Prod. & Drl'g Sup't. DATE 10-21-88

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD

OCT 27 1988

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side