

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

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.<br>14-20-604-90                 |  |
| 2. NAME OF OPERATOR<br>B.O.A. Oil & Gas Co.   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME<br>Ute Mountain                |  |
| 8. ADDRESS OF OPERATOR<br>3539 E. 30th Street Suite 108, Farmington, NM 87401   |  | 7. UNIT AGREEMENT NAME  |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>704'S & 555' W |  | 8. FARM OR LEASE NAME<br>Ute "B"                                    |  |
| 14. PERMIT NO.  |  | 9. WELL NO.<br>18   |  |
| 15. ELEVATIONS (Show whether DF, RT, OR, etc.)<br>5418  |  | 10. FIELD AND POOL, OR WILDCAT<br>Verde Gallup                      |  |
|   |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>31-31N-15W-NMPM |  |
|   |  | 12. COUNTY OR PARISH<br>San Juan                                    |  |
|   |  | 13. STATE<br>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"/> | WATER SHUT-OFF  | <input type="checkbox"/>            |
| FRAC TURE TREAT         | <input type="checkbox"/> | FRAC TURE TREATMENT   | <input type="checkbox"/>            |
| SHOOT OR ACIDIZE        | <input type="checkbox"/> | SHOOTING OR ACIDIZING   | <input type="checkbox"/>            |
| REPAIR WELL             | <input type="checkbox"/> | (Other) Setting Surface Casing  | <input checked="" 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.)\*

Spudded Well on November 17, 1980. Drilled 12 1/4" hole to 100'. Set 98' of 8 5/8 Surface pipe. Cemented 75 sacks 3% CaCl. Waited on Cement til 3:00pm November 18, 1980. Drilled out from under Surface.

ACCEPTED FOR RECORD

NOV 19 1980

BY

NOV 19 1980

RECEIVED

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

SIGNED Raymond A. [Signature] TITLE Operator DATE November 18, 80

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

State

\*See Instructions on Reverse Side