

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

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 REFID NO.<br>NM-55810                                   |
| 2. NAME OF OPERATOR<br>Canyon Resources, Inc.                                                                                                                                                                                      |                                                              | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                             |
| 3. ADDRESS OF OPERATOR<br>5310 Harvest Hill Rd., Suite 180<br>Dallas, Texas 75230                                                                                                                                                  |                                                              | 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>1650' FWL & 920' FNL, Sec. 25, T13N, R31E,<br>NMPM, 12 miles northeast of Tucumcari, NM |                                                              | 8. FARM OR LEASE NAME<br>Harvey/US                                               |
| 14. PERMIT NO.                                                                                                                                                                                                                     | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>4088.5' GL | 9. WELL NO.<br>1                                                                 |
|                                                                                                                                                                                                                                    |                                                              | 10. FIELD AND POOL, OR WILDCAT<br>Wildcat                                        |
|                                                                                                                                                                                                                                    |                                                              | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 25, T13N,<br>R31E, NMPM |
|                                                                                                                                                                                                                                    |                                                              | 12. COUNTY OR PARISH<br>Quay                                                     |
|                                                                                                                                                                                                                                    |                                                              | 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

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON\*

SHOOTING OR ACIDIZING

ABANDONMENT\*

REPAIR WELL

CHANGE PLANE

(Other)

(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.)\*

5-30-85 - MIRU Service Drilling Co. Rig #5

6-1-85 - Cemented 630' 8-5/8" surface csg.

6-5-85 - Reached TD at 3398', ran Dual Laterolog, Compensated Neutron-Litho Density Log, and Natural Gamma Ray Spectrometry Log. DST 3110' to 3245' and 3284' to 3398', received salt water and no shows of oil or gas.

6-6-85 - Notified BLM-Roswell of intention to plug and abandon and received verbal approval. Rig up Halliburton.

6-7-85 - Spot 50 sx plug from 3100-3000', spot 50 sx plug 1100'-1000', spot 50 sx plug 675'-575' and 15 sx plug 50'-3' below ground level. Cut off 8-5/8" 3' below GL and weld on steel plate, install 5 ft. steel identification post.

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

SIGNED

TITLE

President

DATE

6-14-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side