

## BUREAU OF LAND MANAGEMENT

## SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug wells in a different reservoir  
Use "APPLICATION FOR PERMIT" for such proposals.)

NM Oil Cons. Commis

Drawer 111

Albucilla, NM 88210

RECEIVED

NM12557

6 IF INDIAN, A LOTTEE OR TRIBE NAME

25F

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR CIBOLA ENERGY CORPORATION		8. FARM OR LEASE NAME DUNCAN FEDERAL	
3. ADDRESS OF OPERATOR P. O. Box 1668, Albuquerque, NM 87103		9. WELL NO. #2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330 FSN; 990 FWL		10. FIELD AND POOL, OR WILDCAT Wildcat SA	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7 T9S R28E		12. COUNTY OR PARISH Chaves	
13. STATE NM		14. PERMIT NO.	
15. ELEVATIONS (Show whether DF, ST, GR, etc.) KB 3889.6		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 OF 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 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.)

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.)\*

Re: 1/6/89 Notice of NonCompliance  
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Paul Briggs, field supervisor, called Betty McBride with the following information on 1/11/89 at 3:30 P. M.

Seals and locking devices on Sales Line were fixed 1/11/89.  
They will be open only when oil is being sold.



I hereby certify that the foregoing is true and correct.

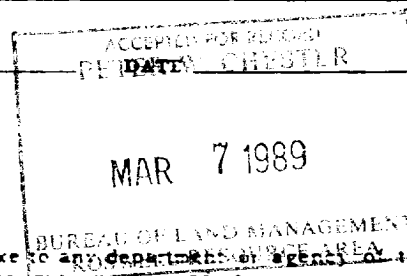
SIGNER Betty McBride TITLE Drilling Secretary DATE 1/17/89

(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

\*See Instructions on Reverse Side



Section 100.1 makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.