

**DEPARTMENT OF THE INTERIOR** (Other instructions on reverse side)  
**BUREAU LAND MANAGEMENT**

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. <b>OIL WELL</b> <input checked="" type="checkbox"/> <b>GAS WELL</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>		5. <b>LEASE DESIGNATION AND SERIAL NO.</b> NM 88128
2. <b>NAME OF OPERATOR</b> St. Mary Land & Exploration c/o Nance Petroleum Corporation		6. <b>IF INDIAN, ALLOTTEE OR TRIBE NAME</b>
3. <b>ADDRESS OF OPERATOR</b> P. O. Box 7168 - Billings, MT 59103		7. <b>UNIT AGREEMENT NAME</b>
4. <b>LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  850' FNL & 1500' FWL Unit Letter C		8. <b>FARM OR LEASE NAME</b> Hopi Federal
14. <b>PERMIT NO.</b> 30-015-30819		9. <b>WELL NO.</b> 2
15. <b>ELEVATIONS</b> (Show whether DF, RT, GR, etc.) 2936' GR		10. <b>FIELD AND POOL, OR WILDCAT</b> Willow Lake Delaware
		11. <b>SEC., T., R., M., OR BLK. AND SURVEY OR AREA</b> Sec. 17-T25S-R28E
		12. <b>COUNTY OR PARISH</b> 13. <b>STATE</b> Eddy NM

**Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data**

**NOTICE OF INTENTION TO:**

TEST WATER SHUT-OFF <input checked="" type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <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"/>	

**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.) \*

Recently completed well has been making more water than expected and current artificial lift equipment has not been able to pump well off. Production averages 11 BOPD + 200 BWPD + 30 MCFG.

Propose to set a RBP at  $\pm 4870'$  to pump test the Delaware "C" perms (4816-4817'). If we are able to pump this zone off - the RBP will be lowered to  $\pm 4950'$  to pump test the Delaware "C" perms (4896-4898') with the "B". Once the relative production capacity of each zone is determined, either a CIBP will be set to isolate the lower zone(s) or larger lift equipment will be installed.

Work will commence upon approval subject to pulling unit availability.

RECEIVED  
AND  
ARTIFICIAL

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

SIGNED Hubert R. Thacker TITLE Operations Engineer DATE 3/17/00

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS  
 CONDITIONS OF APPROVAL, IF ANY:

TITLE PETROLEUM ENGINEER

DATE MAR 22 2000

\*See Instructions on Reverse Side