

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION AND SERIAL NO. SF 078360 |
| 2. NAME OF OPERATOR Bannon Energy, Inc. c/o Holcomb Oil & Gas, Inc. | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR P.O. Box 2058, Farmington, NM 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 1677' FNL x 1815' FEL | | 8. FARM OR LEASE NAME Federal 19 |
| 14. PERMIT NO. API 30-043-20839 | | 9. WELL NO. 4 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6997' GL | | 10. FIELD AND POOL, OR WILDCAT Lybrook Gallup |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA Unit 6 Sec. 19 T23N R6W |
| | | 12. COUNTY OR PARISH Sandoval |
| | | 13. STATE NM |

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"/> | 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) <u>Set surface casing</u> | |
| (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.)

1. Spud 12 1/4" surface hole on 5-2-90.
2. Ran 7 joints 8 5/8" 24# at 329'.
3. Cement with 230 sx Class "B" cement and 1/4# cello seal and 3% CaCl₂, circulate 70 sx., cement to surface. Wait on cement 8 hrs. and test to 1000 psi.

RECEIVED
MAY 21 1990
OIL CON. DIV.
DIST. 3

RECEIVED

MAY 7 1990

RECEIVED
MAY 7 1990

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

SIGNED W. J. Holcomb

TITLE Agent

DATE 5-4-90

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE MAY 14 1990

EMOCD

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

BY WJ