

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(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 checked="" type="checkbox"/> OTHER <u>Commingled</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>SF 079086</u>	
2. NAME OF OPERATOR <u>M & M Production & Operation Inc.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>P.O. Box 75 Counselor, New Mexico 87018</u>		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u>		8. FARM OR LEASE NAME <u>Mexico Fed.</u>	
14. PERMIT NO.		9. WELL NO. <u>1</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>6474' DF</u>		10. FIELD AND POOL, OR WILDCAT <u>Devils Fork Gallup & Basin</u>	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC. T. R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 10-24N-6W</u>	
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.)*		12. COUNTY OR PARISH <u>Rio Arriba</u>	
		13. STATE <u>New Mexico</u>	

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Commingled

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Commingled

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

We commingled this well on August 15, 1989. The well is flowing from both zones through 2 3/8" tubing set at 6500'.

Oil Conservation Division
Administrative Order DHC-731

RECEIVED

FEB 27 1990

OIL CON. DIV.
DIST. 3

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

SIGNED Roger M. McCownTITLE OperatorDATE Aug. 25, 1989

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

FEB 23 1990

FARMINGTON RESOURCE AREA

BY 893

*See Instructions on Reverse Side