

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. <u>10</u>
2. NAME OF OPERATOR <u>B. W. P. Inc.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>Jicarilla Com-10</u>
3. ADDRESS OF OPERATOR <u>P. O. Box 27, Bloomfield, NM 87413</u>		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  <u>660' FSL &amp; 660' FWL</u> <u>SW/4 of SW/4, Sec. 33, T-25N, R-5W</u>		8. FARM OR LEASE NAME <u>Jicarilla Tribal 10</u>
14. PERMIT NO.		9. WELL NO. <u>1</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT <u>Otero Gallup</u>
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA <u>Sec. 33, T-25N, R-5W</u>
		12. COUNTY OR PARISH <u>Rio Arriba</u>
		13. STATE <u>NM</u>

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 checked="" type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <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"/>	

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.)\*

As we are still having difficulty straightening up the abstract and turning this properties over to the people who wish to purchase.  
So at this time we ask for permission to set a packer 100' above the top of the Gallup formation 5850±, swab and test the Gallup zone to see if we have permanent damage this zone from the hole in csg. above (we assume in the Mesa Verde section).

RECEIVED  
NOV 13 1989  
OIL CON. DIV  
DIST. 3  
THIS APPROVAL EXPIRES MAY 07 1990

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

SIGNED D. E. Baer

TITLE Agent B.W.P. Inc.

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

APPROVED  
DATE October 31, 1989

DATE Oct 07 1989

Ken Towne

FOR  
FARMINGTON DISTRICT

\*See Instructions on Reverse Side