

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved,
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"/> | | 7. UNIT AGREEMENT NAME NONE | |
| 2. NAME OF OPERATOR JOSEPH B GOULD | | 8. FARM OR LEASE NAME PHILLIPS | |
| 3. ADDRESS OF OPERATOR 430 So. 3rd St. LAS VEGAS, NV 89101 | | 9. WELL NO. Listed below | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface All wells are located in Sec. 32, T. 25N., R. 3 W | | 10. FIELD AND POOL, OR WILDCAT | |
| 14. PERMIT NO. | | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | |
| 16. PERMIT NO. | | 17. STATE | |

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"/> | WATER SHUT-OFF | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | FRACTURE TREATMENT | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | SHOOTING OR ACIDIZING | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | (Other) | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | REPAIRING WELL | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | ABANDONMENT* | <input type="checkbox"/> |
| CHANGE PLANS | <input type="checkbox"/> | | |

(Other) Delete unlined water pits

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.)*

Work to be performed on the following listed wells:

PHILLIPS 32-1; PHILLIPS 32-2; PHILLIPS 32-3; PHILLIPS 32-4; PHILLIPS 32-5;
PHILLIPS 32-6; PHILLIPS 32-7; PHILLIPS 32-9

Clean-up and closing of all unlined water pits on lease locations. All oil saturated soil will be land farmed on location and treated with bacteria to get hydrocarbons down to acceptable levels.

All produced water will be piped to and stored in above ground tanks.
All burms and fences will be rebuilt and repaired as needed.
All trash will be removed from locations and disposed of properly.

→ if p. ts aren't closed now this is OK

RECEIVED

AUG - 5 1993

OIL CON. DIV.
DIST. 3

18. I hereby certify that the foregoing is true and correct
John Shipley (Agent for J B Gould)
SIGNED _____ TITLE Contract Pumper DATE 8-2-93
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side