

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. NM 18590 |
| 2. NAME OF OPERATOR Reeves Drilling & Petroleum Corp | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR 2040 Camero Las Vegas, Nevada 89123 | 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 525 From South Line and 725 Fr West Line Sec 21 T25N R1E | 8. FARM OR LEASE NAME RD&P # One T.C. |
| | 9. WELL NO. One |
| | 10. FIELD AND POOL, OR WILDCAT Puerto Chiquito E Mancos |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 21 T25N R 1E |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether Dr., Rt., Cr., etc.) 6945 Gr |
| | 12. COUNTY OR PARISH Rio Arriba |
| | 13. STATE New Mex |

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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"/> |
| (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"/> | | |

(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.)*

At the present we intend to continue drilling on This location as the weather will permit. We request permission to keep this permit active.

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OIL CON. DIV.
DIST. 3

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

| | | |
|--|-------------------|-------------------------|
| SIGNED <u>Matt Z. Kerner</u> | TITLE <u>Pres</u> | DATE <u>Feb 22. 84</u> |
| (This space for Federal or State office use) | | ACCEPTED FOR RECORD |
| APPROVED BY _____ | TITLE _____ | DATE <u>FEB 29 1984</u> |
| CONDITIONS OF APPROVAL, IF ANY: | | |

NM0000

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA
BY Smn