

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 present reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED FEB 18 1986 BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA	5. LEASE DESIGNATION AND SERIAL NO. NM 03011
2. NAME OF OPERATOR J. Felix Hickman			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR c/o P. O. Box 208, 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 915' FSL & 820' FEL			8. FARM OR LEASE NAME Clark
14. PERMIT NO.			9. WELL NO. 12
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 6965' GL		10. FIELD AND POOL, OR WILDCAT West Lindrith Gallup-Dakota	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5, T24N, R3W, NMPM
		12. COUNTY OR PARISH Rio Arriba	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input 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"/>	Extend APD <input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

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.)*

We request an extension of the submitted A.P.D.
Drilling of the subject well has been delayed
due to gas marketing problems. We plan to drill
the subject well as weather permits.

Approved until August 21, 1986.

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

SIGNED Jim Jacobs TITLE Geologist
(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED
DATE Feb 13, 1986
AS AMENDED

DATE FEB 21 1986
Jim M. Millenbach
M. MILLENBACH
AREA MANAGER

*See Instructions on Reverse Side

NMCO

