

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

5. LEASE DESIGNATION AND SERIAL NO.

NM 03011

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Clark

9. WELL NO.

13

10. FIELD AND POOL, OR WILDCAT

West Lindrith Gallup-Dakota

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 6, T24N, R3W, NMPM

12. COUNTY OR PARISH

Rio Arriba

13. STATE

NM

1. OIL WELL ☒ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

J. Felix Hickman

3. ADDRESS OF OPERATOR

c/o P. O. Box 208, Farmington, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

1845' FSL & 410' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7010' GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Extend APD

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

(Note: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

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

M. MILLENBACH  
AREA MANAGER

\*See Instructions on Reverse Side

NMCC

