

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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 RD & P #3 |
| 2. NAME OF OPERATOR Devilbiss Oil Co. | 8. FARM OR LEASE NAME RD & P |
| 3. ADDRESS OF OPERATOR 1008 N. MONTEREY FARMINGTON ST. 601 | 9. WELL NO. 3 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1815 ⁺ FWL 2145 ⁺ FNL | 10. FIELD AND POOL, OR WILDCAT PIETRO CHOUTO EAST MACCOC |
| 14. PERMIT NO. | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA S-3, T-25N, R. 1E |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7095 | 12. COUNTY OR PARISH BIO ARIZONA |
| | 13. STATE N. M. |

18. 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)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(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.)*

Request for 66 day extension on plugging

RD & P #3

RECEIVED

APR 24 1989

CON. DIV.

DIST. 3

JUL 01 1989

THIS APPROVAL EXPIRES

| | |
|-----------------|-------|
| MINERALS BRANCH | |
| BRANCH CHIEF | _____ |
| SOLIDS | _____ |
| FLUIDS DEP. | 1 |
| FLUIDS ISE | _____ |
| FEM | _____ |
| I & E-S | _____ |
| I & E-W | _____ |
| ALL SUPV | _____ |
| FILES | _____ |

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

SIGNED John A. McElhiney TITLE Operator

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

NMOCG

*See Instructions on Reverse Side

| |
|--|
| APPROVED |
| DATE 4-19-89 |
| APR 20 1989 |
| DATE |
| for AREA MANAGER FARMINGTON RESOURCE AREA |