

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"/> | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR <i>DeVilbiss Oil Co.</i> | 8. FARM OR LEASE NAME <i>R D & P</i> |
| 3. ADDRESS OF OPERATOR <i>1008 N. Monterey Farmington N.M. 87401</i> | 9. WELL NO. <i>3</i> |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>SE 1/4 NW 1/4 SE 3 T35N R1E 1815' FWL 3145' FNL</i> | 10. FIELD AND POOL, OR WILDCAT <i>E. PIERA CHADUIT EAST MARCO</i> |
| 14. PERMIT NO. | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>3 T35N, R1E</i> |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>7095</i> | 12. COUNTY OR PARISH <i>RIO ARriba</i> |
| | 13. STATE <i>N. M.</i> |

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

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.)

Commence plugging 7-23-89 about 8:00 or 9:00 am

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

SIGNED

Glen DeVilbiss

TITLE

Operator

ACCEPTED FOR RECORD

7-16-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE *18 1989*

CONDITIONS OF APPROVAL, IF ANY:

NMOCD

FARMINGTON RESOURCE AREA

RV

Sm

*See Instructions on Reverse Side