

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse 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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM-03556
2. NAME OF OPERATOR CURTIS J. LITTLE		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1258, Farmington, NM 87499		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with instructions. See also space 17 below.) At surface 1700' FNL & 1850' FEL		8. FARM OR LEASE NAME SCHMITZ
14. PERMIT NO. API #30-039-23785		9. WELL NO. 2-A
15. ELEVATIONS (Show whether <b>BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA</b> ) 7236' GR		10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde Ojito Gallup/Dakota
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 16-T25N-R3W
		12. COUNTY OR PARISH Rio Arriba
		13. STATE N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

<input type="checkbox"/>
<input type="checkbox"/>
<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.)

10/16/85: Pumped 250 BBL to regain circ. Halliburton cemented-1st stage w/250 sx 50-50 poz w/2% gel, 6½# gilsonite, 6# salt, ½# flocele, tailed in w/50 sx Class B w/2% CaCl<sub>2</sub>, (Total 433 cu.ft.) Plug down 4:10 p.m. 2nd stage cemented w/160 sx 65-35 poz, tailed in w/50 sx Class B w/2% CaCl<sub>2</sub>, (Total 318 cu.ft.). Plug down 10:35 p.m. on 10/16/85. Held ok. WOC

10/17/85: Ran Temp. Survey cement top 3220'.

RECEIVED  
OCT 30 1985  
OIL CO. L. & M.  
DIST. 3

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

SIGNED

*[Signature]*

TITLE Operator

DATE 10-22-85

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DATE

OCT 25 1985

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

RV