

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

Budget Estimate No. 1004-
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL
NM-13771
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ GAS WELL ☐ OTHER
2. NAME OF OPERATOR Seville Trident Corp. 019 FARMINGTON, N.M.
3. ADDRESS OF OPERATOR Cido Oil Co. 6700 N. Oracle #332 Tucson AZ
P.O. Box 35938; Tucson, AZ 85740
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface 1850/N 1850/W
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
7015GR

7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Seville Trident Fed
9. WELL NO. 1
10. FIELD AND POOL, OR WILDCAT Wildcat PENN. / WC Estrada
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 15 T25N R1E9
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

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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.)

AMENDED SUNDRY NOTICE

Plug well as follows: Prior to July 1, 1991.

Set two - 25 sack plugs as follows:

Plug #1 730' - 630'

Plug #2 100' - 0'

You are required to follow the procedure as described in our December 5, 1990 letter before plugging the well as described above.
(Copy attached)

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

SIGNED

TITLE

President

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

NMOCD

APPROVED

DATE 1/24/91
AS AMENDED

DATE JAN 28 1991

SIGNED STEPHEN MASON
AREA MANAGER

*See Instructions on Reverse Side