For	m 3	160-	-5	
(No	vem	ber	1983	()
(Fo	me	rlv C	-33	11

10-1-85

UNITED STATES DEPARTMENT OF THE INTERIOR (Other in verse side)

SUBMIT IN TRIPLICATE. instructions on

Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985

J. 1	CEASE	DESIGNATION	AND	SERIAL	NO.
SF	07	9177			

SUND	RY NOTICE	s and ref	PORTS ON	WELLS
(Do not use this fo	orm for proposals tuse "APPLICATIO	o drill or to deep N FOR PERMIT—	en or plug back." for such propos	to a different reservoir. ais.)

BUREAU OF LAND MANAGEMENT

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

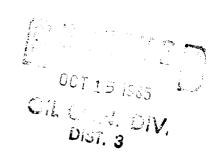
7. UNIT AGREEMENT NAME Canyon Largo Unit	
8. FARM OR LEASE NAME Canyon Largo Unit	
9. WELL NO. 168	
10. FIELD AND POOL, OR WILDCAT Otero Chacra	
11. SEC., T., B., M., OR BLK. AND Sec. 24, T-25-N, R-6-W N.M.P.M.	
Rio Arriba NM	

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

BUREAU OF LAND MANAGEMENTENTION TO: FARMINGTON RESOURCE AREA TEST WATER SHUT-OFF PULL OR ALTER CASING		SUBSEQUENT EMPORT OF:					
TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF		ESPAIRING WELL	
PRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING CASING	
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING	<u></u>	ABANDONMENT®	
REPAIR WELL	\square	CHANGE PLANS		(Other)		n Casing	
(Other)				(NOTE: Report rest	uits of	multiple completion on Wellon Report and Log form	1

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.)

Ran 111 jts. 2 7/8", 6.4#, J-55 production casing, 3506' set @ 3519'. Baffle @ 3509'. Cemented with 339 sks. Class "B" 65/35 Poz with 6% gel, 2% calcium chloride, and 1/2 cu.ft. perlite (655 cu.ft.) followed by 75 sks. Class "B" with 50/50 POZ, 2% gel (93 cu.ft.) WOC 18 hours. Top of cement @ 1050' T.S.



SIGNED May real tope foregoing is true and correct	TITLE Drilling Clerk	10-3-85
(This space for Federal or State office use)		# 2 G T T
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	VOCAL TO THE MEDOLD

Reverse Side