

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(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"/>	87 OCT 20 AM 8:53	5. LEASE DESIGNATION AND SERIAL NO. SF 080566-B
2. NAME OF OPERATOR Minel, Inc	FARMINGTON RESOURCE AREA FARMINGTON, NEW MEXICO	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR c/o R. Simmons P.O. Box 48, Farmington, NM 87499		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1570' FNL & 790' FEL		8. FARM OR LEASE NAME Cayias
		9. WELL NO. 2
		10. FIELD AND POOL, OR WILDCAT Ojito Gallup
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 2, T25N, R3W
14. PERMIT NO.	15. ELEVATIONS (Show whether DP, RT, GR, etc.) 7335 GR	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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Surface Cement & Casing</u>	<input checked="" type="checkbox"/>
(Other) <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.)*

Oct 15, 1987 Spud well at 11:15 PM. Drilled 12-1/4" mud hole to 215' KB.
Ran 5 joints 9-5/8", 20#, H40, STC, R3 casing 198.02' threads off
w/ Texas Pattern GS on bottom. Set at 211.02'. Cemented casing
with 140 sacks (165.20 cu. ft.) Class "B" with 2% CaCl₂ and 1/4#
flocele per sack. Circulated 5 bbls cement to surface. Plug down
at 3:45 AM 10-16-87.

Oct 16, 1987 Wait on cement 12 hours. Install BOP and tested BOP and casing to
600 psi. for 30 mins. OK. Started drilling w/ 8-3/4" bit.

RECEIVED
OCT 23 1987
OIL CON. DIV.
DIST. 3

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

SIGNED R. D. Simmons TITLE Agent DATE 10-18-87
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC