

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"/>	5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Contract #35
2. NAME OF OPERATOR BHP Petroleum (Americas) Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache Tribe
3. ADDRESS OF OPERATOR P. O. Box 3280 Casper, Wyoming 82602	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 1190' FSL & 1510' FEL	8. FARM OR LEASE NAME Jicarilla Gas Com 35 D
14. PERMIT NO.	9. WELL NO. 2
15. ELEVATIONS (Show whether of surface, etc.) GR-6768'	10. FIELD AND POOL, OR WILDCAT W. Lindrith Gallup/Dakota
	11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA 0 - Section 12 T24N-R5W
	12. COUNTY OR PARISH Rio Arriba
	13. STATE New Mexico

RECEIVED

FEB 20 1986

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/> Change of Operator	

(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.)

BHP Petroleum (Americas) Inc. took over as operator of the subject well from Amoco Production Company effective 1-24-86.

Designation of Operator on File

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

SIGNED Paul Bertoglio  
Paul Bertoglio

TITLE Petroleum Engineer

DATE 2-17-86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side