

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

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 checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM-83502
2. NAME OF OPERATOR Bannon Energy Incorporated		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Indian Tribe
3. ADDRESS OF OPERATOR 3934 F.M. 1960 West, Suite 240, Houston, Texas 77068		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 Unit H, 1749' FNL x 890' FEL		8. FIELD OR LEASE NAME Federal 24
14. PERMIT NO.		9. WELL NO. 14
15. ELEVATIONS (Show whether OF, BY, OR, etc.) 6629' GL		10. FIELD AND POOL, OR WILDCAT Devils Fork <i>Dallup</i>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24, T24N-R7W
		12. COUNTY OR PARISH 13. STATE Rio Arriba NM

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) Cementing	<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.)\*

TD well at 5665' at 5:30 p.m. (1730 hrs) on 9/2/90; ran 128 Jts 4 1/2" 11.60#/Ft J-55 LT&C Csg to 5660'; cement with 650 Sx (1768 cu.ft.) of 65/35 poz containing 12% gel + 1/4#/Sx Cello-Flake + .6% Cf-1 followed by 250 Sx (382 cu.ft.) of 50/50 poz containing 2% gel + 10# salt/Sx + .6% Cf-1; plug down at 2:10 p.m. (1410 hrs) on 9/3/90; circulated 263 cu.ft. to surface.

RECEIVED  
SEP 24 1990  
OIL CON. DIV.  
DIST. 3

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

SIGNED H.G. Livingston

TITLE Drilling Manager

DATE 9/5/90

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY  
CONDITIONS OF APPROVAL IF ANY:

TITLE

DATE SEP 17 1990

AMCO

FARMINGTON RESOURCE AREA

\*See instructions on Reverse Side

BY MT