

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"/>	
2. NAME OF OPERATOR CHAMPLIN PETROLEUM COMPANY, ATTN. JANET SNELLENBERGER	
3. ADDRESS OF OPERATOR 420 HENRY FORD AVENUE, WILMINGTON, CA 90744	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  NWSW (1980' FSL & 660 FWL)	
14. PERMIT NO. Approved 11/15/85	15. ELEVATIONS (Show whether OF, BT, OR, etc.) 6956' KB

5. LEASE DESIGNATION AND SERIAL NO. NM-62969	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME FEDERAL 13-3	
9. WELL NO. #1	
10. FIELD AND POOL, OR WILDCAT BISTI-LOWER GALLUP	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SECTION 3, T24N, R10W	
12. COUNTY OR PARISH SAN JUAN	13. STATE NM

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"/>		<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) REMEDIAL CEMENT SQUEEZE	<input checked="" type="checkbox"/>		<input checked="" 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.)\*

Drilled to TD at 5600' on 1/27/86. Ran DIL-CNL-LAT-GR from 5600' to 604'.  
Ran 5614' of 5-1/2" 17# K-55 LT&C casing. Cement with 1228 CF (975 Sxs.) of Class "B" from cement with 20% R-6. Lost circulation. Ran temp. log and found cement top at 1760'. Cement down outside of 5-1/2" casing with 566 CF (450 Sxs.) of Class "B" with 10% A-10 and 3% CaCl<sub>2</sub>. Pressured up to 550 psi. Ran temp. log and showed cement to surface at 5:00 AM on 1/29/86.

Ran GR-CCL-CBL on 2/06/86. Showed cement to surface.

See attached cement bond log and temperature log.

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

SIGNED Janet Snellenberger  
J. L. SNELLENBERGER  
(This space for Federal or State office use)

TITLE SENIOR ENGINEERING AIDE

DATE 2/19/86

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

TITLE \_\_\_\_\_

DATE FEB 27 1986

FARMINGTON RESOURCE AREA

BY [Signature]

\*See Instructions on Reverse Side