

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
Speerex Ltd. Partnership (505) 325-7789

3. Address and Telephone No.
P.O. Box 255, Farmington, NM 87499

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Surface: 1690' FSL & 1295' FWL 4-24n-12w
BHL: Same 1245

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.
NM-86489

6. If Indian, Allottee or Tribe Name
N/A

7. If Unit or CA, Agreement Designation
N/A

8. Well Name and No.
Hunter Wash 1

9. API Well No.
30-045-28607

10. Field and Pool, or Exploratory Area
Basin Fruit. Coal

11. County or Parish, State
San Juan, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Pipeline
☒ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

13. 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.)*

As requested today by Ilyse Gold (BLM), pipeline will be laid on surface.
Pipe is rated to 300 psi, will be tested to 250 psi, and will operate at 50 psi.

RECEIVED
BLM MAIL ROOM
93 JAN -4 AM 11:32
019 FARMINGTON, N.M.

FILED
FEB 8 1993
OIL CON. DIV.
DIST. 3

APPROVED
JAN 15 1993
AREA MANAGER

cc: BLM(6), B. Speer, S. Speer

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

Signed Brian Speer
(This space for Federal or State office use)

Consultant (505) 984-8120
Title _____

12-31-92
Date _____

Approved by _____
Conditions of approval, if any: _____

Title _____

Date _____

NMOCD

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM MAIL ROOM

92 FEB 18 PM 1:31

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reenter to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.

5. Lease Designation and Serial No.
NM 86489

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

#1 Hunter Wash Fed

9. API Well No.

10. Field and Pool, or Exploratory Area

Basin Fruitland Coal

11. County or Parish, State

San Juan

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Speerex LTD Partnership

3. Address and Telephone No.

P.O. Box 255 Farmington NM 87499

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1690 FSL x 1265, Section 4, T24N, R12W

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☐ Notice of Intent

☒ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other change tbg strings

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

MIRU James Mayness INC. to swab well on 2/5/92. Swabbed well through 2 3/8" tbg. Well produced formation water and gas (4 to 5' flares), but logged off. POOH with 2 3/8" tbg. Ran 22 jts 1 1/2", j55, IJ, NUE tbg and landed at 704'. Swabbed well in. Well waiting on production test.

ACCEPTED FOR RECORD

FEB 21 1992

FARMINGTON RESOURCE AREA

BY [Signature]

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

Signed Robert R. Griffie Title Drilg/Compl Consultant Date 2/14/92

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

RECORDED

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Budget Bureau No. 1004-011-
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-86489

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hunter Wash Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Basin Fruit. Coal

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

4-24N-12W

12. COUNTY OR PARISH

San Juan

13. STATE

NM

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

SpeerEx LTD Partnership

3. ADDRESS OF OPERATOR

P.O. Box 255, Farmington NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

1690 FSL X 1265 FWL

14. PERMIT NO.

30-045-

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6096' KB

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Plug back & Prod. Csg

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 of 1964'. Plugged back as per verbal communication with Steve Mason - BLM. Plug #1, 40 sks Class 'B' (47 cf) 1608 - 1387'. Plug #2, 65 sks Class 'B' (77 cf) 1266 - 924. Ran 4 1/2" production csg with shoe @ 920', float collar @ 876'. Cement with 125 sks Class 'B' (148 cf). Circ 1 bbl cmt to surface. Plug down @ 12:00 midnight 12/7/91. Moved off Fruitland Rig 2. Well now waiting on completion.

RECEIVED
JAN 10 1992
OIL CON. DIV
DIST. 3

010 FARMINGTON, N.M.

91 DEC 12 AM 11:35

RECEIVED
BLM

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

SIGNED

Robert R. Griffiee

TITLE Drilling Consultant

DATE

12/9/91

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
DATE

JAN 09 1992

*See Instructions on Reverse Side

NMOC

AREA MANAGER

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Budget Bureau No. 1004-(111)
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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM-86489
2. NAME OF OPERATOR SpeerEx LTD Partnership		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 255, 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 1690 FSL X 1265 FWL		8. FARM OR LEASE NAME Hunter Wash Federal
14. PERMIT NO. 30-045-	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6096' KB	9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Basin Fruit. Coal
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 4-24N-12W
		12. COUNTY OR PARISH San Juan
		13. STATE 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) Spud & Surface Csg <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.)

Spud above well @ 9:30 A.M. 12/2/91 with Fruitland Drilling Rig 2.
Drilled 8 3/4" Surface hole to 145'. Ran 7", 23 ppf, WC50 csg.
Set shoe at 135'. Cement with B.J. Titan as follows: 40 sks
Class B + 2% CaCl2 (47 cf). Circ 3 bbls slurry to surface.
Plug down at 5:15 P.M. 12/2/91.

Notified Mark Kelly - BLM of spud and Surface csg on 12/1/91.

RECEIVED
BLM
91 DEC 12 AM 11:35
019 FARMINGTON, N.M.

RECEIVED
JAN 10 1992
OIL CON. DIV.
FBI

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

SIGNED Robert R. Griffie

TITLE Drilling Consultant

DATE 12/9/91

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

JAN 09 1992

DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)
BUREAU OF LAND MANAGEMENT

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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Speerex Ltd. Partnership

(505) 325-7789

3. ADDRESS OF OPERATOR

P.O. Box 255, Farmington, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

Surface: 1690' FSL 1265' FWL (NWSW) Bottom: Same

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6,170' ungraded ground

5. LEASE DESIGNATION AND SERIAL NO.

NM-86489

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

N/A

7. UNIT AGREEMENT NAME

N/A

8. FARM OR LEASE NAME

Hunter Wash Federal

9. WELL NO. #1

10. FIELD AND BOO OR WINDCAT
Basin-Fruit. Coal Gas

11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA

4-24n-12W NMPM

San Juan

NM

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

Change BOP

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)

Will delete annular preventer from BOP system. Maximum pressure will be ≈ 350 psi.

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

SIGNED

TITLE

Consultant

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

cc: BLM (3+2 for OCI), Sloane, B. Speer, S. Speer

*See Instructions on Reverse Side
NMOCD

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