

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 into a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

| | | | |
|---|--|---|-----------------|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION AND SERIAL NO. SF-079139-A | |
| 2. NAME OF OPERATOR Kimbell Oil Company of Texas | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR P.O. Box 1097, Farmington, New Mexico 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 990' FSL and 990' FEL Unit Letter P Sec 26, T25N, R6W | | 8. FARM OR LEASE NAME Warren Federal | |
| 14. PERMIT NO. | | 9. WELL NO. 3 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6670' GR | | 10. FIELD AND POOL, OR WILDCAT Basin Dakota | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 26, T25N, R6W | |
| | | 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:

| | |
|--|---|
| 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 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.) *

3/29/88 - set bridge plug @6125'
3/30/88 - roll hole with 9.2# 40 vis mud, spot cement plug 6125'-6025' inside 4 1/2" casing. pressure test casing to 500 psi for 15 min. per Ken Howe (BLM), held. could not perf @5925' because perforator could not move thru tight spot @5828' & tubing cemented in. free point run & shoot off tubing @ 5640', TOH.
3/31/88 - perforated @3450', set cement retainer @3050', stung into retainer with 60 sks., 15.2# cement squeeze, stung out. spotted cement plug @2595'-2495' inside 4 1/2" casing.
4/1/88 - tag top of cement @2124', perforated @2100', cement plug 2100'-2000' inside&outsi perforated @310', circulated cement down casing & up Bradenhd to surface. completed plugging at 3 pm.
4/4/88 - permanent monument in place @9:30 am
4/13/88 - all surface rehabilitation stipulations complete except seeding & purchasers equipment removed.

Approved as to plugging of the well by:
Liability under BLM to be satisfied and
surface restoration is completed.

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

SIGNED Susan M. Leet

TITLE Production Superintendent

DATE April 28, 1988

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side