

(November 1983)  
(Formerly 9-331)

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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Kimbell Oil Company of Texas	8. FARM OR LEASE NAME Liberman
3. ADDRESS OF OPERATOR P.O. Box 1097, Farmington, New Mexico 87499	9. WELL NO. 4
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790' FSL & 1850' FWL of Sec. 5, T25N, R7W UNIT 'N'	10. FIELD AND POOL, OR WILDCAT Ballard Pictured Cliffs
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6441 DF 6435
	12. COUNTY OR PARISH Rio Arriba
	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 checked="" type="checkbox"/>	ABANDONMENT* <input 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.) \*

11-2-90 - nitrofiled acid job commenced. shut down due to faulty wellhead valve.

11-3-90 - pumped 2 % KCl water to kill well. wellhead valves changed out. commenced nitrofiled acid job. pumped 500 gallons of 7½% HCl with nitrogen. job complete. shut well in. rig up flow back line to frac tank. flowed back to tank, fluid too small to measure. shut in well.

11-5-90 - open well to flow back tank. no fluid. flowed to sales meter.

RECEIVED  
JAN 18 1991  
OIL CON. DIV  
DIST 2

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

SIGNED Susan M. Leach

TITLE Production Superintendent

DATE 12-5-90

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

ACCEPTED FOR RECORD

JAN 10 1991

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY [Signature]  
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.