

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
SAGEBRUSH OIL, INC.

3. ADDRESS OF OPERATOR
HC 78 Box 21 Regina, NM 87046

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
Unit Letter D: 480' FSL, 480' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
30-039-06252

5. LEASE DESIGNATION AND SERIAL NO.
NM012833

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A

7. UNIT AGREEMENT NAME
Grevey

8. FARM OR LEASE NAME
Puerto Chiquito (East) Mancos

9. WELL NO.
Grevey 20

10. FIELD AND POOL, OR WILDCAT
East Puerto Chiquito

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 26, T.26N, R.1E, NMPM

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 checked="" type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

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)			

(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.)*

Pull rods; test tubing for holes and add 1 joint of tubing & rods; fracture with liquid CO2 and sand.



00 JUL 27 PM 12:56
ALBUQUERQUE, N.M.

18 I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Pres DATE 7/24/00

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE Petro Eng DATE 8/15/00

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side