

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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"/>	5. LEASE DESIGNATION AND SERIAL NO. NM 012833
2. NAME OF OPERATOR Hem-San, Inc. P.O. Box 349 Deming, NM 88031	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATION	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 660' W & 710' S	8. FARM OR LEASE NAME Grevey
9. ELEVATION (Report weather or on sec. area)	9. WELL NO. 1R
10. FIELD AND POOL, OR WILDCAT Puerto Chiquito	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA S26 T26N-R1E
12. PERMIT NO. 7345 Ground	12. COUNTY OR PARISH Rio Arriba
13. ELEVATION (Report weather or on sec. area)	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.)

Due to bad weather & muddy conditions work on well was'nt started until Oct. 25th.

26th - Dropped standing valve & swabbed 13 barrels KCL water, no oil.

27th - Swabbed 5 barrels water, 2 barrels oil.

28th - Swabbed 1 barrel water, 8 barrels oil.

29th - Lost swab

30th - Pulled tubing

31st - Ran back in

2nd - Swabbed 10 barrels oil no water.

Waiting for pump jack & tank to be delivered.

RECEIVED
DEC 03 1984
OIL CON. DIV. J
DIST. 3

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

SIGNED Bert Charles TITLE President DATE Nov. 4

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE NOV 30 1984

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

NMOCC