

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-012833

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

GREVEY

9. WELL NO.

1-R

10. FIELD AND POOL, OR WILDCAT

E. Puerto Chig. moves

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

SEC 26 T-26N R-1E

12. COUNTY OR PARISH 18. STATE

RIO ARRIBITA NM

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

3. ADDRESS OF OPERATOR

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

14. PERMIT NO.

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

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)

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 perti-
nent to this work.)*

WILL MOVE CABLE RIG TO LOCATION WHEN AVAILABLE + WEATHER
PERMITS. EST 6-1-90 DRILL OUT BRIDGE PLUG SET AT 1635 +
TEST WELL.

RECEIVED

APR 30 1990

OIL CON. DIV.
DIST. 3

THIS APPROVAL EXPIRES JUL 01 1990

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

SIGNED *Ken Townsend*

TITLE *Manager*

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

NMOOD

*See Instructions on Reverse Side

APPROVED

DATE 3-13-90

APR 23 1990

Ken Townsend

FOR AREA MANAGER
FARMINGTON RESOURCE AREA

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50 MAY 15 04:11:16

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