

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Expires August 31, 1985

3. LEASE DESIGNATION AND SERIAL NO.

NM-12497

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

HC 78 Box 21 Regina NM 87646

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

1950/5 570/E

I-21-26N-1E

14. PERMIT NO.

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

7445' R.F.

7. UNIT AGREEMENT NAME

8. TERM OF LEASE NAME

9. WELL NO.  
Gran 1R

10. FIELD AND POOL, OR WILDCAT

East Puerto Chiquito  
11. SEC. T. R. M. OR BLK. AND  
SURVEY OR AREA

I Sec21 Twp26N R1E

12. COUNTY OR PARISH 13. STATE  
Rio Arriba NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

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.)

Well was not completed when drilled. Propose to clean out drilling mud & cuttings;  
fracture with liquid CO2 and sand.



00 JUL 27 PM 12:55  
ALBUQUERQUE, N.M.

18 I hereby certify that the foregoing is true and correct

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side