

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(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"/>	5. LEASE DESIGNATION AND SERIAL NO. SF-080136
2. NAME OF OPERATOR CURTIS J. LITTLE	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1258, Farmington, NM 87499	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 1890' FNL & 1490' FWL	8. FARM OR LEASE NAME SALAZAR
14. PERMIT NO.	9. WELL NO. 13
15. ELEVATIONS (Show whether on or below ground) 6348' GR	10. FIELD AND POOL, OR WILDCAT Otero Chacra/Blanco PC
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27-T25N-R6W
	12. COUNTY OR PARISH Rio Arriba
	13. STATE N.M.

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OCT 23 1985

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

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"/>
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"/>	

WATER SHUT-OFF <input checked="" 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) <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.)\*

10-20-85: Ran 4½" 10.5# casing to 3253'. PBTD 3241'. Howco cemented w/350 sx. Howco Lite (570 cu.ft.) followed by 200 sx. 65-35 poz w/2% gel (250 cu.ft.) Circulated 11 BBL cement to pit. Plug down 4:30 a.m. 10/20/85. Released rig. WOC.

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OCT 30 1985  
OIL CON. DIV.  
DET. 3

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

SIGNED [Signature] TITLE Operator

DATE 10/22/85

(This space for Federal or State office use)

ACCEPTED FOR RECORD

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

DATE

OCT 25 1985

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY [Signature]