

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

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.)

3. LEASE DESIGNATION AND SERIAL NO.

NM 58135

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Evans Com

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Gavilan Mancos

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

Sec. 21, T26N, R2W, NMPM

12. COUNTY OR PARISH

Rio Arriba

13. STATE

NM

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, AT, OR, etc.)

7358' GL

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)

PCCL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Spud & Surface Casing

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 pertinent to this work.)*

Moved in & rigged up Four Corners Drilling Company Rig #14. Spudded a 12 $\frac{1}{4}$ " hole @ 1:00 PM on 4-26-88. Drilled to 220'. Ran 6 jts. 9-5/8" OD, 36 & 43.5#, 8 Rd, LT&C casing (T.E. 203') set @ 215' RKB. Cemented w/125 sx class "B" + 2% CaCl₂ (total cement slurry = 147.5 cu.ft.). Circulated 2 bbls cement to surface. P.O.B. @ 4:30 PM 4-26-88. Pressure tested BOP and surface casing 1000 psi for 30 minutes before drilling out - held OK.

RECEIVED
BLM MAIL ROOM
88 APR 29 AM 10:20
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

RECEIVED
MAY 04 1988
OIL CON. DIV.
DIST. 3

I hereby certify that the foregoing is true and correct

SIGNED

Jim L. Jacobs

TITLE

Geologist

DATE

4-27-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

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CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side