

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir,
Use "APPLICATION FOR PERMIT --" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. 14-20-603-1228
2. Name of Operator Giant Exploration & Production Company	6. If Indian, Allottee or Tribe Name Indian
3. Address and Telephone No. P.O. Box 2810, Farmington, New Mexico 87499 (505)326-3325	7. If Unit or CA Agreement Designation Central Bisti Unit
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 330' FSL, 990' FEL, Sec. 9, T25N, R12W	8. Well Name and No. Central Bisti Unit #71
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	9. API Well No. 30-045-05447
	10. Field and Pool, or Exploratory Area Bisti Lower Gallup
	11. County or Parish, State San Juan, New Mexico

TYPE OF SUBMISSION

TYPE OF ACTION

<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Acidizing	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all 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.)*

This well's perforations (4730'-4836') were acidized with 1000 gal. 15% HCl on 08-23-93.

RECEIVED
SEP 17 1993
OIL CON. DIV.
DIST. 3

RECEIVED
SEP 13 1993
BLM

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

Signed Jeffrey R. Vaughan Title Vice President Operations Date SEP 10 1993

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

SEP 14 1993

FARMINGTON DISTRICT OFFICE

NMOCD