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UNITED STATES DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPLICATE*
(Other instructions on re-

Form approved.

Budget Bureau No. 42-R1424

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P.O. Box 2810, Farmington, New Mexico 87401 4. professions of well, (Report location clearly and in accordance with any State requirements. At surface 600 FNL, 660 FEL, Section 7, T25N, R12W 6038 KB Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Source or inversions To: WATER SHUT-OFF FRACTOR TREAT MICHIPLE COMPLETE ARANDOS* 17. DISCRIPT PROPOSED OR COLUMNATION (Chord State All perspect) 18. I bered certify that the fyregoling is true and current SIGNED 19. FRACTOR TREAT MICHIPLE COMPLETE ARANDOS* REPAIR WELL (Charles Plans (Chord		elopment	Company						
4. Section or Well, (Report location clearly and in secondance with any State requirements.* Section 7, 25N, R12W 14. FERNIF NO. 15. BLAYATION (Show whether EF, Nr. OR. etc.) 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTERPTION TO: THEN WATER RHUT-OFF FRACTICE TREAT NUMBER OF ALBERT ASSOCIATION THEN WATER TREATED THE CARDING NOTICE OF INTERPTION TO: THEN WATER RHUT-OFF FRACTICE TREAT NUMBER OF ALBERT ASSOCIATION CHANGE PLANS CHANGE PLANS (Other) FRECUIPING WELL ASSOCIATION OF ARTHUR OF ALBERT CARDING (Other) FRECUIPING WELL ASSOCIATION OF ARTHUR OF ALBERT OF THE ALBERT ASSOCIATION OF ALBERT OF THE ALBERT		3. ADDRESS OF OPERATOR							
Bisti Lower Gallup 11. BECLT. 1. Section 7, T25N, R12W 14. FERMIT NO. 15. RIAWATIONS (Show whether M. OR. etc.) 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTERTION TO: TEST WATER BRUT-OFF PRACTURE TREAT SHOUTON OR ALTRIAN OF PARKS OF PAR	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)								
11. PERMIT NO. 12. MARYATONS (Show whether or, Nr. OR. etc.) 14. PERMIT NO. 15. MARYATONS (Show whether or, Nr. OR. etc.) 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data **NOTICE OF INTERPTION TO: **TEST WATER SHUT-OFF** PRACTIBLE TREAT **SHUT-OFF** **SHUT-OFF** PRACTIBLE TREAT **SHUT-OFF** **SHUT-OFF** PRACTIBLE TREAT **SHUT-OFF** **ATTER SHUT-OFF** PRACTIBLE TREAT **ATTER SHUT-OFF** **ATTER SHUT-OFF** PRACTIBLE TREAT **ATTERISE CARDINA **ATTERISE CARDINA **ATTERISE TREAT **ATTERISE TO TREAT **ATTERISE T									
14. TERNIT NO. 15. REVAINT NO. 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data **NOTICE OF INTENTION TO:** **TERT WATER SHUT-OFF FILL OR ALTER CASING MULTIPLE COMPLETE TRACT **ANADOM*** **RIGHT OF ACCIDED MANADOM*** **RIGHT OF ACCIDED MANADOM						-			
15. ELEVATIONS (Show whether Dr, NI, GR, etc.) 12. COUNTY OF PARISIN 13. FEAT 62.38' KB 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTERNIOR TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIES MULTIPLE COMPLETE SHOWING OR ACIDIES SHORTING OR ACIDIES	660' FNL,	660' FE	L, Section 7, T2	25N, R12	2W	1			
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FRACTURE TREAT SHOOT OR ACIDIZE CHANGE PLANS (Other) (O	N	NOTICE OF INDEMNION DO					JENT REPORT OF:		
SHOOT OR ACIDIZE REPAIR WELL CHANGE PLANS CHANGE PLANS CHANGE PLANS COMPRESSION OR ACIDIZING COMPRESSION OR COMPRESSION OF RATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of estarting any nent to this work.)* The subject TA well was repaired as follows: 2-12-80 move in workover unit. Clean out wellbore to 4895¹. Run BP and packer. Acidize with 1500 gallons 15% acid. Diverted acid with gelled water and 1000 # rock salt. Hang well on 2-19-80. Well tested 25 BOPD, 342 BWPD, GOR-322. Well status changed from TA to producing status. MAR 2 6 1980 OIL CON, COM. DIST. 3 18. 1 bereb certify that the foregoing is true and correct SIGNED CLAULT THE TOTAL T	TEST WATER SHUT-OF	в	PULL OR ALTER CASING		WATER SHUT-OFF		REPAIRING W	ELL	
REPAIR WELL (Other) Returning Well to pump X (Other) Returning Well to pump X (Other) Returning Well to pump X (Other) Report and Log form.) 17. DENORME PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and 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.)* The subject TA well was repaired as follows: 2-12-80 move in workover unit. Clean out wellbore to 4895'. Run BP and packer. Acidize with 1500 gallons 15% acid. Diverted acid with gelled water and 1000 # rock salt. Hang well on 2-19-80. Well tested 25 BOPD, 342 BWPD, GOR-322. Well status changed from TA to producing status. MAR 26 1980 OIL CON. COM. DIST. 3 18. 1 berety certify that the foregoing is true and correct signed by the fo				_	FRACTURE TREATMENT		ALTERING CAS	SING	
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The subject TA well was repaired as follows: 2-12-80 move in workover unit. Clean out wellbore to 4895'. Run BP and packer. Acidize with 1500 gallons 15% acid. Diverted acid with gelled water and 1000 # rock salt. Hang well on 2-19-80. Well tested 25 BOPD, 342 BWPD, GOR-322. Well status changed from TA to producing status. MAR 26 1980 OIL CON. COM. DIST. 3 18. 1 hereby certify that the foregoing is true and correct SIGNED PLANT LAMBURGE Petroleum Engineer DATE 3-20-80 (This space for Federal or State office use)	17. DESCRIBE PROPOSED OR	COMPLETED OPE	RATIONS (Clearly state all p	pertinent detail	Completion or R	ecompletio	n Report and Log forn	a.)	
Oll CON. COM. DIST. 3 18. I hereby certify that the foregoing is true and correct SIGNED LALL PIPE Petroleum Engineer OATE 3-20-80 (This space for Federal or State office use)	Clean out w 15% acid. 2-19-80. V	ellbore t Diverted Vell teste	o 4895'。 Run B acid with gellected 25 BOPD, 342	BP and pa d water a	cker. Acidiand 1000 # ros	ze witl ck salt	h 1500 gallon	s	
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*See Instructions on Reverse Side