

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
NM-58138

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.)

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Corrida Oils Inc.</p> <p>3. ADDRESS OF OPERATOR P.O. Box 5550 T.A., Denver, CO 80217</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL, 660' FEL, Sec 12, T25N, R13W</p> <p>14. PERMIT NO.</p>	<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Bad Lands Federal</p> <p>9. WELL NO. #2</p> <p>10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T25N R13W</p> <p>12. COUNTY OR PARISH 13. STATE San Juan NM</p>
<p>15. ELEVATIONS (Show whether DF, PL, OR T.C.) 6479' GL</p>	

RECEIVED

NOV 26 1984

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

NOTICE OF INTENTION TO:		BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>	FRACUTURE TREAT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>	REPAIR WELL <input type="checkbox"/>	(Other) <input type="checkbox"/>
CHANGE PLANS <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.)*

Change surface casing from: 9-5/8" 43.5#/ft., J-55
to: 8-5/8" 24#/ft., K-55

Cement volumes remain the same at 220 sacks as this is 100% excess to circulate to the surface.

NOV 27 1984
OIL CON. DIV.
DIST. 3

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

SIGNED [Signature] TITLE Agent DATE 11/26/84

APPROVED

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE NOV 20 1984
M. MILLENBACH
AREA MANAGER

*See Instructions on Reverse Side