

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
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.)

5. LEASE DESIGNATION AND SERIAL NO.
SF-080675

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
San Juan 27-4 Unit

8. FARM OR LEASE NAME
San Juan 27-4 Unit

9. WELL NO.
87

10. FIELD AND POOL, OR WILDCAT
Tapacito Pic.Cliffs

11. SEC., T., R., M., OR BLM. AND
SURVEY OR AREA
Sec. 28, T. 27-N, R-4 -
N.M.P.M.

12. COUNTY OR PARISH; 13. STATE
Rio Arriba NM

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)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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.)

This well is suspected of having developed a casing failure. A packer will be set @ + 3900' to isolate the casing failure. The well will be flow tested for six months to determine if production capable of supporting a permanent repair will be regained.

RECEIVED

APR 03 1990

OIL CON. DIV.
DIST. 3

APPROVED MAR 28 1990

W. L. TOWNSEND

General Manager
Bureau of Land Management
Washington, D.C. 20250

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

SIGNED *[Signature]*

TITLE Regulatory Affairs (CS)

DATE

8-2-89

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

MMOCD

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