

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

5. Lease Designation and Serial No.  
**701-94-0010**

6. If Indian, Allottee or Tribe Name  
**Jicarilla Apache**

7. If Unit or CA, Agreement Designation  
**N/A**

8. Well Name and No.  
**Leavry Canyon 18I #2**

9. API Well No.  
**30-039-**

10. Field and Pool, or Exploratory Area  
**Gav. Pic. Cliff Ext.**

11. County or Parish, State  
**Rio Arriba, NM**

**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  
 Oil Well  Gas Well  Other

2. Name of Operator  
**EnRe Corporation** (210) 826-0681

3. Address and Telephone No.  
**P.O. Box 6027, San Antonio, Tx. 78209**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
**Surface: NESE 18-27n-2w**  
**BHL: N/A**

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION                                | TYPE OF ACTION   |
|---|--|
| <input type="checkbox"/> Notice of Intent         | <input type="checkbox"/> Abandonment                         |
| <input type="checkbox"/> Subsequent Report        | <input type="checkbox"/> Recompletion                        |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Plugging Back                       |
|   | <input type="checkbox"/> Casing Repair                       |
|   | <input type="checkbox"/> Altering Casing                     |
|   | <input checked="" type="checkbox"/> Other <u>New lease #</u> |
|   | <input type="checkbox"/> Change of Plans                     |
|   | <input type="checkbox"/> New Construction                    |
|   | <input type="checkbox"/> Non-Routine Fracturing              |
|   | <input type="checkbox"/> Water Shut-Off                      |
|   | <input type="checkbox"/> Conversion to Injection             |
|   | <input type="checkbox"/> Dispose Water                       |

(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 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.)\*

Note new mineral agreement number effective June 1, 1994.

RECEIVED  
JUL 11 1995  
GAV. PIC. CLIFF EXT.  
BLM

cc: BIA, BLM (3+2 for OCD), EnRe, Tribe

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

Signed [Signature] Title **Consultant** Date **7-3-94**

(This space for Federal or State office use)

Approved by [Signature] Title **Chief, Lands and Mineral Resources** Date **JUL 11 1995**

Conditions of approval, if any: