

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

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR DEPCO, Inc.</p> <p>3. ADDRESS OF OPERATOR 1000 Petroleum Building - Denver, CO 80202</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FNL, 990' FEL (NE/4 NE/4)</p> <p>14. PERMIT NO.</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. SF078896</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---</p> <p>7. UNIT AGREEMENT NAME ---</p> <p>8. FARM OR LEASE NAME Mudge "B"</p> <p>9. WELL NO. 1</p> <p>10. FIELD AND POOL, OR WILDCAT W. Kutz P.C.</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29-T27N-11W</p> <p>12. COUNTY OR PARISH 13. STATE San Juan NM</p>
<p>RECEIVED JAN 12 1987</p> <p>BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA</p>	
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6241' GR</p>	

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

<p align="center">NOTICE OF INTENTION TO:</p> <table border="0" style="width:100%;"> <tr> <td style="width:50%;">TEST WATER SHUT-OFF <input type="checkbox"/></td> <td style="width:50%;">PULL OR ALTER CASING <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input type="checkbox"/></td> <td>MULTIPLE COMPLETE <input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input type="checkbox"/></td> <td>ABANDON* <input type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> </tr> <tr> <td colspan="2">(Other) Cancellation of Sundry Notice <input type="checkbox"/></td> </tr> </table>	TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Cancellation of Sundry Notice <input type="checkbox"/>		<p align="center">SUBSEQUENT REPORT OF:</p> <table border="0" style="width:100%;"> <tr> <td style="width:50%;">WATER SHUT-OFF <input type="checkbox"/></td> <td style="width:50%;">REPAIRING WELL <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREATMENT <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>SHOOTING OR ACIDIZING <input type="checkbox"/></td> <td>ABANDONMENT* <input type="checkbox"/></td> </tr> <tr> <td colspan="2">(Other) <input type="checkbox"/></td> </tr> </table> <p align="center"><small>(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</small></p>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>	(Other) <input type="checkbox"/>	
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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.)*

Cancel Sundry Notice dated August 22, 1985 to run 2-7/8" tubing and cement to surface. Because of uncertain gas market, work was not done.

RECEIVED

JAN 22 1987

**OIL CON. DIV
DIST. 3**

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

SIGNED Thomas J. Cygan TITLE Asst. Prod. Supt. DATE 1/9/87

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____ TITLE _____ DATE JAN 21 1987

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

BY S.M.H.