	1160-5 nber 1983) erly 9-331)	UNITED STATES SUBMIT IN TRIPLICATE* DEPARTMENT OF THE INTERIOR (Other Instructions on re- verse side) BUREAU OF LAND MANAGEMENT	Form approved. Budget Bureau No. 1004-613 Expires August 31, 1985 5. EEASE DESIGNATION AND SERIAL NO.
		DRY NOTICES AND REPORTS ON WELLS form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
I. OIL Wel	L GAS WELL	X OTHER	7. UNIT AGREEMENT NAME
2. NAM	C OF OPERATOR		8. FARM OR LEASE NAME
	XACO INC.	(303/323 43)/	Marshall A
	OO N DOOR		9. WELL NO.
4. Loca	00 N. But	cler Ave. Farmington, NM 87401 Report location clearly and in accordance with any State requirements.	3
ગત્ત	also space 17 belo surface	ow.)	10. FIELD AND POOL, OR WILDCAT
			Basin Fruitland 11. SEC., T., E., M., OR BLK. AND
13	80' FNL a	and 1650' FEL of Sec. 15	SURVEY OR AREA
			Sec 15-27N-9W
14. PER:		15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISE 13. STATE
}	RECE	IVED 6131' DF	San Juan NM
16.		Check Appropriate Box To Indicate Nature of Notice Report of C	Wher Data
REP (Ot	PAIR WELL ther) Rec	WATER SHOP-OFF RESOLUTION ALTER CASING ABANDON* CHANGE PLANS COMPLETE COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, well is directionally drilled, give subsurface locations and measured and true vertical	M multiple completion on Well
3. 4. 5. 6. 7. 8. 9.	MIRU. T RU wirel (Correla sand on Perforat 2015'-28 PU and T Acidize inhibito TOOH w/t TIH w/ 3 Swab tes If deter: stimulat 3% KCl w Flow bac RIH past laying de	e the following anticipated Basin Fruitlan ', 2046'-50', 2072'-82', 2106'-12' w/ 4 JS IH w/ 2.375" tubing & straddle-packer (4' perforations w/ 4950' gals. 7.5% HCl w/ 2 r, 25#/1000 Fe seq. agent and 1 gal/1000 ubing and packer5" tubing and conventional packer. Set p t interval. mined in step 8 that stimulation is necess e perforations using 53,000 gals. 70 quali ater and 75,000 # 40/70 and 20/40 brady sak fracture treatment within 2 hrs. perfs to CIBP to check for fill. TOO own.	performed: ad hole. Set CIBP @ 2124'. CIBP and drop 2 sx d E-log intervals: PF. spacing). gal/1000 gal gal clay-stay. acker @ 1965'. ary, fracture ty No foam w/
18. I her	/ //	he foregoing is true and correct	3.01
SIGN	ED CLAS	W. Klul TITLE Area Manager	DATE 5-8-90

*See Instructions on Reverse Side

TITLE _

MMOCD

APPROVED

(This space for Federal or State office use)

APPROVED BY _____CONDITIONS OF APPROVAL, IF ANY:

BLM-Farm(6), NMOGCC(5), RSL, AAK, MLK, MAG

- 12. If fill was encountered in step 12, TIH w/2.375" tbg and clean out RBP. If no fill was encountered, TIH 2/2.375" tbg and packer and flow/swab test formation.

- 13. TOOH w/tubing and packer.

14. TIH w/2.375" tubing open ended. Put well on production.

15.

RDMOSU.