UNITED STATES Form approved, Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SHRIAL NO. SUBMIT IN TRIPLICATE* DEPARTMENT OF THE INTERIOR COther Instructions on re GEOLOGICAL SURVEY 6. IF INDIAN, ALLOTTEE OR THISE NAME 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.) 7. UNIT AGREEMENT NAME OIL GAS CONTROL OF WELL CONTROL OF CASE Huerfano Unit 2. NAME OF OPERATOR 8. FARM OR LEASE NAME El Faco court les Company 3. ADDRESS OF OFFSATOR uerfano Unit 9. WELL NO. FOX 1001, Fare ration, New Mexico 87407 Location of Nature 15; et location clearly and in accordance with any State requirements. At surface 10. FIELD AND POOL, OR WILDWAT Angel Peak Gallum Exp. 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 1460 H. 300 H Sec. 31, T-27-N, --9-W 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH | 13. STATE 6412195 San Juan w Mexico 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF REPAIRING WELL FRACTURE THEAT MULTIPLE COMPLETE FRACTURE TREATMENT SHOOT OR ACTIVIZE AEANDON* SHOOTING OR ACIDIZING ABANDONMENT* CHANGE PLANS (Other) (Note: Report results of multiple completion on Wei Completion or Recompletion Report and Log form.) (Other) 17. DESCRIBE PROPOSED OR OF MELETED OPERATIONS (Clearly state all portionit 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 ones pertinent to this work.)* Equided well. Drilled surface hole. Ren 5 joints 8 5/8", 24#, K-55 surface casing, 200' set at 212'. 4-17-75 Cemented with 183 ca.ft. cement. Circulated to surface. WOC 12 hours; held 600#/30 minutes. OIL CON. COM DIST. 3 18. I hereby certify that the foregoing is true and correct Drilling Clerk TITLE DATE (This space for Federal or State office use)

*See Instructions on Reverse Side

DATE _

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

