

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE  
(Other instructions on reverse side)

Register August 31, 1985  
3. LEASE DESIGNATION AND SERIAL NO.  
SF-081087  
6. IF INDIAN, ALLOTTEE OR TRIBE 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.)

1. NAME OF WELL OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> <u>53 UNIT 1 AND 50</u>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR <u>Curtis J. Little Oil and Gas</u>		8. FARM OR LEASE NAME <u>Wiedemer</u>	
3. ADDRESS OF OPERATOR <u>P. O. Box 1258, Farmington, NM 87499</u>		9. WELL NO. <u>3</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u>  <u>1700' FSL &amp; 790' FEL</u>		10. FIELD AND POOL, OR WILDCAT <u>Basin Fruitland Coal</u>	
14. PERMIT NO. <u>API-30-045-25385</u>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 34, T27N, R10W</u> <u>NMPM</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>6644' GL</u>		12. COUNTY OR PARISH <u>San Juan</u>	
		13. STATE <u>NM</u>	

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

NOTICE OF INTENTION TO:

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) <u>Recomplete in Fruitland Coal</u> <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

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"/>	

(NOTE: Report results of multiple completion or 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.)\*

Propose to plug Pictured Cliffs and recomplete the Fruitland coal.

1. Set cement retainer at 2330'. Squeeze cement Pictured Cliffs w/50 sacks Class B cement.
2. Perforate Fruitland coal, 2307-19', 2270-74', 2214-18', 2188 2206'.
3. Acidize perf's.
4. Put well on production.

**RECEIVED**

MAR 01 1990

OIL CON. DIV.  
DIST. 3

FBI  
*[Signature]*

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

SIGNED *[Signature]* TITLE Operator DATE 1-23-90  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

*[Signature]*

NRACOD

\*See Instructions on Reverse Side