

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
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.)

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐	5. LEASE DESIGNATION AND SERIAL NO. 1-149-IND.-8466
2. NAME OF OPERATOR SUPERIOR OIL COMPANY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Willie Ramenta, etal (Nav)
3. ADDRESS OF OPERATOR P. O. DRAWER 'G', CORTEZ, COLORADO 81321	7. UNIT AGREEMENT NAME N/A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790' FNL, 1080' FEL, SECTION 13	8. FARM OR LEASE NAME RAMENTA, etal
	9. WELL NO. #1E
	10. FIELD AND POOL, OR WILDCAT BASIN DAKOTA
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 13, T27N, R9W, VMPPM
14. PERMIT NO.	12. COUNTY OR PARISH 13. STATE SAN JUAN NEW MEXICO
15. ELEVATIONS (Show whether DP, RT, CR, etc.) 5980' Ungraded GLT	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(NOTE: Report results of multiple completion on 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.)*

Superior Oil no longer plans to run 40' of 13-1/8" conductor pipe in the subject well, as previously stated in the APD.

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

SIGNED

David B. Jensen

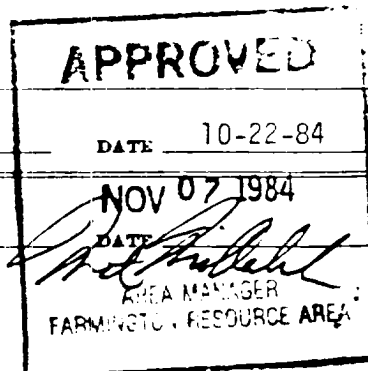
TITLE: Engineer

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE



*See Instructions on Reverse Side