

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

SUBMIT IN TRIPLICATE*
(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 BHP Petroleum (Americas) Inc.</p> <p>3. ADDRESS OF OPERATOR 5847 San Felipe, Suite 3600, Houston, TX 77057</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface NE SW 2325'S 1430/W</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. SF-078903-A</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo (NAPI)</p> <p>7. UNIT AGREEMENT NAME Gallegos Canyon Unit</p> <p>8. FARM OR LEASE NAME</p> <p>9. WELL NO. 378</p> <p>10. FIELD AND POOL, OR WILDCAT Fruitland Coal</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 34, T28N, R12W</p> <p>12. COUNTY OR PARISH 13. STATE San Juan N.M.</p>
<p>14. PERMIT NO.</p>	<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5836' GR</p>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) Change Casing & Cement Program X

(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.)*

Please accept this as an amendment/supplement to the APD dated 10/30/89 for the subject well.

To successfully complete the planned cores in the Fruitland Coal, we request the casing and cementing program be approved as stated below:

Size Hole	Size Casing	Weight Per Foot	Setting Depth	Quantity Cement
12 1/4"	8 5/8"	24#	120'	85 sx (100 cu. ft.)
7 7/8"	4 1/2"	9.5#	1740'	410 sx (516 cu. ft.)

RECEIVED
DEC 21 1989
OIL CON. DIV.
DIST. 3

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

SIGNED Paul C. Bertoglio TITLE Sr. Petroleum Engineer DATE 12/13/89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
DEC 19 1989
AREA MANAGER

*See Instructions on Reverse Side