

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NOG-8702-1116
2. NAME OF OPERATOR CHUSKA ENERGY COMPANY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME NAVAJO
3. ADDRESS OF OPERATOR 315 N. Behrend Avenue, Farmington, New Mexico 87401	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2263' FNL & 2225' FWL	8. FARM OR LEASE NAME RATTLESNAKE - 3-11-1981-9W
14. PERMIT NO.	9. WELL NO. 152
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5375'	10. FIELD AND POOL, OR WILDCAT RATTLESNAKE DAKOTA
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 12-T29N-R19W
	12. COUNTY OR PARISH SAN JUAN
	13. STATE NM

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) <input 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 checked="" type="checkbox"/>
(Other) SWAB TEST <input type="checkbox"/>	

(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.)*

4/10/89 Move in pulling unit and install wellhead. Trip in with tubing and tag sand at 846'.
4/11/89 Swab test at estimated rate of 9 BOPD and 78 BWP. Rig down pulling unit on 4/13/89.
5/08/89 Rig up pulling unit. Set pumping unit. Run Rods and Pump.
5/08/89-5/19/89 Pumping well to test tank. Pumping unit down much of time due to fuel gas problems.
5/19/89 Shut well in until water disposal system built.
6/1/89 Returned well to pumping at 1 BOPD and 90 BWP.

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

SIGNED Tom R. McCarthy

TITLE Sr. Reservoir Engineer

DATE 6/26/89

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 06-1989

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side