

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
5. LEASE DESIGNATION AND SERIAL NO.

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 ☐		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR VERYL F. MOORE		8. FARM OR LEASE NAME BUSKEN	
3. ADDRESS OF OPERATOR 2605 Highland Place, Farmington, NM 87401		9. WELL NO. #1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1850' FSL 790' FEL Sec. 6 T29N R14W		10. FIELD AND POOL, OR WILDCAT Undesignated Fruitland Twin Mounds PC	
14. PERMIT NO.		11. SEC., T., R., M., OR S.E. AND SURVEY OR AREA Sec. 6 T29N R14W	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5314' RKB		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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(Other)

(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.)*

REQUEST FOR LONG TERM SHUT IN AWAITING GAS CONTRACT.

IF NO CHANGE IN MARKET CONDITIONS EXIST AT THE END OF THIS EXTENSION
IT MAY BECOME NECESSARY TO PLUG THIS WELL.

RECEIVED
OCT 08 1991
OIL CON. DIV.
DIST. 3

OCT 01 1991

THIS APPROVAL EXPIRES

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

SIGNED

Veryl Moore

TITLE

OPERATOR

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

WMOOD

*See Instructions on Reverse Side

APPROVED

DATE 3-22-91

APR 03 1991

John Sheller
AREA MANAGER
FARMINGTON RESOURCE AREA