APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	*See Instructions on Reverse Side	DATE CEPTED FOR RECORD  DEU 11 1989  FARMINGTON RESOURCE AREA	
SIGNED CALLO FAITHON  (This space for Federal or State office 1 se)	TITLE Prod. Assistant	9.	-12-89
18. I hereby certify that the foregoing is true and co	prect	OIL CON.	
4-7-89: ND BOP & NU wellhead	d. RD.	RECEIVED DEC1 41989	
4-6-89: Killed well w/ KCL well with the second of the second with the second well with the second well with the second with t	seal elements were worn & damaged wtr & began TIH w/ tbg. Ran tail; ff bottom. Pressure tested tbg to igh temp dressing & 12 stands tbg ure tested every 12 stands. Tbg land tbg. Redressed donut & s	oipe & Baker ret o 1500#. Held ( . Pressure test neld pressure OH	OK. TIH w/ ted tbg - K. Killed
17. DESCRIBE PROPOSED OR COMPLETED OPERA MONE (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.)  4-4-89: RU. Pressure tested the w/ water. Did not hold. Will attempt to find hole in the alay down possible leaking sliding sleeve when out of hole.  4-5-89: TOH w/ the arcker. Visually inspected the but found no hole. Laid down packer			
TEST WATER SHUT-OFF  FRACTURE TREAT  SHOOT OR ACIDIZE  REPAIR WELL  (Other)  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (CI	SHOOTING OR ACIDIZING  (Other) Remedial (Note: Report result Completion or Recomp	of multiple completion on Well etion Report and Log form.)	
NOTICE OF INTENTION TO:	GENT REPORT OF:		
	33' KB Box To Indicate Nature of Notice, Report, or G	<del></del>	HEM LIEVICO
	TIONS (Show whether DF, RT, GR, etc.)	SW/SW Sec. 9. 12 COUNTY OR PARISH Rio Arriba	T31N, R5W 13. STATE New Mexico
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface  1190' FSL & 1010' FWL		Basin DK/Undes. GL  11. BEC., T., E., M., OR BLK. AND BURNEY OF ARMA	
Northwest Pipeline Corporation  3. ADDRESS OF OPERATOR  3539 East 30th Street - Farmi	Rosa Unit 9. WBLL NO. #109		
OIL GAS WELL OTHER  2. NAME OF OPERATOR		Rosa Unit 8. FARM OR LEAGE NAME	
SUNDRY NOTICES AN  (Do not use this form for proposal to drill Use "APPLICAT ON FOR	7. UNIT AGREEMENT NAME		
BUREAU OF LAND MANAGEMENT  BUREAU OF LAND MANAGEMENT		S. LEASE DESIGNATION AND SERIAL NO.  SF-078763  6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
	STATES SUBMIT IN TRIPLICATE	Typines nugasi	31, 1985

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.