

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: September 30, 1990

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <b>Proposed Well</b>	7. If Unit or CA. Agreement Designation <b>Rosa Unit</b>
2. Name of Operator <b>Mitchell Energy Corporation</b>	8. Well Name and No. <b>352</b>
3. Address and Telephone No. <b>P.O. Box 4000, The Woodlands, Texas 77387-4000; (713) 377-5818</b>	9. API Well No. <b>30-039-25120</b>
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  <b>1345' FNL 1935' FEL Sec. 5 T31N R4W</b>	10. Field and Pool, or Exploratory Area <b>Basin Fruitland Coal</b>
	11. County or Parish, State <b>Rio Arriba, N.M.</b>

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other	<b>Drilling Permit Extension</b>

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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 that drilling permit granted on 10/2/91 be extended for a six-month period.

THIS APPROVAL EXPIRES **APR 02 1993**

**RECEIVED**  
AUG 21 1992  
OIL CON. DIV.  
DIST. 3

**APPROVED**

**AREA MANAGER**  
AUG 18 1992

**RECEIVED**  
BLM  
AUG 17 PM 1:11  
019 FARMINGTON, N.M.

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

Signed <b>Mark N. Stephenson</b>	Title <b>Manager, Production-Regulatory Affairs</b>	Date <b>8/12/92</b>
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(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any: