

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0185
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"/>	7. UNIT AGREEMENT NAME Northeast Hogback
2. NAME OF OPERATOR BHP Petroleum (Americas) Inc.	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR 5613 DTC Parkway, Ste. 600, Englewood, CO 80111	9. WELL NO. 30
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1720' FSL & 770' FWL	10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T30N, R16W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GL 5424'; DF 5435	12. COUNTY OR PARISH San Juan
	13. STATE NM

RECEIVED
OCT 20 1986

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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) <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.) *

The subject well was plugged on 10/1/86 as follows:
Perf'd at 155' w/ 4 JS. Rigged up. NU BOP. TIH to 1516'. Stung into packer. Mixed and pumped 25 sx Class "B" w/3% CaCl₂. Put 5 sx below packer and spotted 20 sx above packer (TOC 1350'). PU to 1350', circulated hole w/9.2#/gal mud. PU to 150'. Closed casing valve and opened bradenhead. Mixed & pumped 45 sx Class "B" w/3% CaCl₂. Circulated cement out bradenhead. Closed bradenhead valve and open and open casing valve. Continued pumping cement until cement circulated out casing valve. TOOH. Topped off well w/cement. Cut off wellhead. Installed dry hole marker. Cleaned up location.

Location will be restored and reseeded as required when in season.

Approved as to plugging of the well
Liability under bond is satisfied.
surface restoration is complete.

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

SIGNED Paul Bertoglio

TITLE Production Superintendent

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED

DATE 10/17/86

OCT 22 1986
DATE 10/22/86

AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

NMOCC