

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER   | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM-4465                       |
| 2. NAME OF OPERATOR<br>Wexpro Company   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                 |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 458, Rock Springs, Wyoming 82902  | 7. UNIT AGREEMENT NAME   |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><br>SE SE 1050' FSL, 1060' FEL | 8. FARM OR LEASE NAME<br>Greg  |
|   | 9. WELL NO.<br>1   |
|   | 10. FIELD AND POOL, OR WILDCAT<br>Development                        |
|   | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>27-30N-14W, NMPM |
| 14. PERMIT NO.  | 12. COUNTY OR PARISH<br>San Juan                                     |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>KB 5545', GR 5533'  | 13. STATE<br>New Mexico  |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO:   |   | SUBSEQUENT REPORT OF:   |  |
|---|---|---|--|
| TEST WATER SHUT-OFF <input type="checkbox"/>  | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>   | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>   | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input type="checkbox"/>   | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>   | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input type="checkbox"/>  | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>  | CHANGE PLANS <input type="checkbox"/>         | (Other) <input type="checkbox"/>  |  |
| (Other) Temporary Suspension of Production <input checked="" 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 above captioned well will not produce commercial quantities of gas. With the recent decrease in gas prices, Wexpro cannot operate the well and produce adequate revenue. Wexpro Company requests permission to leave said well shut-in until the well can be produced.

RECEIVED  
OIL & GAS DIVISION

00 JUN 27 PM 2:24

FARMINGTON RESOURCES, LLC  
FARMINGTON, NEW MEXICO

THIS APPROVAL EXPIRES

AUG 17 1988

RECEIVED  
JUL 08 1988  
OIL CON. DIV.  
DIST. 3

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

SIGNED

*AK Edgar*

TITLE District Manager

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE 6/21/88

DATE

JUN 30 1988

FARMINGTON RESOURCES, LLC  
FARMINGTON, NEW MEXICO

\*See Instructions on Reverse Side