

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

**SUBMIT IN TRIPLICATE\***  
(Other instructions on reverse side)

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. <b>NM 13811</b>
2. NAME OF OPERATOR <b>Wexpro Company</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -----
3. ADDRESS OF OPERATOR <b>P. O. Box 458, Rock Springs, Wyoming 82902</b>		7. UNIT AGREEMENT NAME -----
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>NW NE 790' FNL, 1520' FEL</b>		8. FARM OR LEASE NAME <b>Stevens</b>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	9. WELL NO. <b>1</b>
		10. FIELD AND POOL, OR WILDCAT <b>Fruitland</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>29-30N14W</b>
		12. COUNTY OR PARISH    13. STATE <b>San Juan    New Mexico</b>

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) _____	
(Other) <b>Request Long Term Shut-in</b> <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.)\*

Wexpro Company requests permission to shut-in the above captioned well under the guidelines for long-term shut-in wells. The Stevens Well No. 1 is approximately 2 miles from the nearest gas sales line and the production test indicates that the well cannot produce adequate gas volumes to make the pipeline a commercial venture. Also the well lacks a sale agreement in any form. It is the Wexpro Company's request that the Stevens Well No. 1 be shut in until such time that subsequent drilling could allow for significant gas volume to justify the pipeline. Should you have any questions concerning this matter, please contact me at 307-382-9791.

**RECEIVED**  
JUL 30 1986  
OIL CON. DIV.  
DIST. 3

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

SIGNED *E. D. Marsh* TITLE Petroleum Engineer DATE July 28, 1986

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side