

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-0100
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 <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Wexpro Company	8. FARM OR LEASE NAME Stevens
3. ADDRESS OF OPERATOR P. O. Box 458, Rock Springs, Wyoming 82902	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface NW NE 790' FNL, 1520' FEL	10. FIELD AND POOL, OR WILDCAT Eruitland
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
12. COUNTY OR PARISH San Juan	13. STATE 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"/>
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) Request Long Term Shut-in <input checked="" type="checkbox"/>	

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 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.) *

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

AUG 19 1987

OIL CON. DIV.
DIST. 3

THIS APPROVAL IS FOR

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

SIGNED Robert L. Pearson

TITLE Staff Pet. Eng.

DATE August 4, 1987

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-0135
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 <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM 13811
2. NAME OF OPERATOR Wexpro Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 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.* See also space 17 below.) At surface NW NE 790' FNL, 1520' FEL	8. FARM OR LEASE NAME Stevens
	9. WELL NO. 1
	10. FIELD AND POOL OR WILDCAT Fruitland
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 29-30N-14W
14. PERMIT NO.	12. COUNTY OR PARISH San Juan
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	13. STATE New Mexico

18. 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.) *			

Wexpro Company requests permission to shut-in the above captioned well under the guidelines for temporary suspension of production. 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.

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

THIS APPROVAL EXPIRES

AUG 17 1989

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

SIGNED

[Signature]

TITLE District Manager

DATE 6/21/88

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

NMOCQ

*See Instructions on Reverse Side

APPROVED

DATE 6/21/88

JUN 30 1988

[Signature]

AREA MANAGER
FARMINGTON DISTRICT OFFICE