

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-27024
2. NAME OF OPERATOR WALSH ENGINEERING & PRODUCTION CORPORATION		6. INDIAN ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Drawer 419 Farmington, New Mexico 87499		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: 1825'FSL, 990'FWL		8. FARM OR LEASE NAME Mesa Twin Mounds
14. PERMIT NO.	15. ELEVATIONS (Show whether DE, RL, OR, etc.) 6405'KB	9. WELL NO. -2
		10. FIELD AND POOL, OR WHOLLY CAT SURVEY OR AREA Basin Gallup-Dakota
		11. SEC., T., R., M., OR BLE, AND SURVEY OR AREA Sec. 30-T30N-R14W N.M.P.M.
		12. COUNTY OR PARISH 13. STATE San Juan N.M.

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 (OTHER) <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL (OTHER) <input type="checkbox"/>	CHANGE PLAN <input type="checkbox"/>		See Below <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.)

This is a request for approval of an extension of shut in of March 3, 1992 for this well. Previous request was approved until March 3, 1992.

Conditions concerning the necessity of the shut in have not essentially changed since the approval of the previous request.

RECEIVED
MAR 5 1992
OIL CON. DIV.
DIST. 3

THIS APPROVAL COURTESY MAR 01 1993

FARMINGTON DISTRICT AREA
FARMINGTON, NEW MEXICO
RECEIVED
BUREAU ROOM
92 FEB 21 PM 12:56

FOR: WALSH ENGINEERING & PROD. CORP.

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

SIGNED <i>Paul C. Thompson</i> Paul C. Thompson	TITLE Engineer	DATE 2/18/92
APPROVED BY _____	TITLE _____	DATE _____

(This space for Federal or State office use.)

APPROVED

FEB 28 1992
AREA MANAGER

*See Instructions on Reverse Side