

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-27024

6. INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mesa Twin Mounds

9. WELL NO.

31-1

10. FIELD AND POOL, OR WILDCAT

Gallup/Dakota

11. SEC., T., R., M., OR BLE. AND
SURVEY OR AREA

Sec. 31-T30N-R14W

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

WALSH ENGINEERING & PRODUCTION CORP.

3. ADDRESS OF OPERATOR

P. O. Drawer 419 Farmington, New Mexico 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

990'FNL, 940'FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, GR, etc.)

5344'GR

12. COUNTY OR PARISH

San Juan

13. STATE

N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

See Below

(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 extension to vent casinghead gas from this well.
Previous request was approved until April 3, 1990.

Conditions concerning the venting of gas have not essentially changed since the
approval of the previous request.

THIS APPROVAL EXPIRES **APR 03 1991**

RECEIVED
MAR 6 1990
OIL CON. DIV.
DIST. 3

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

SIGNED

EWELL N. WALSH

TITLE

President

DATE

2/22/90

Ewell N. Walsh, P.E.

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

*See Instructions on Reverse Side

MAR 12 1991
AREA MANAGER