

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.)

5. LEASE DESIGNATION AND SERIAL NO.

N.M. 58898

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Gallup

11. SEC., T., R., M., OR BLK. AND

Sec 5-T30N-R15W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

14. PERMIT NO.

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

5380' GR

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

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(Other) Change casing size from originally filed APD. 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.)\*

APD (Original)

Revised

8 5/8" New/24# H-40 ST&C

5 1/2" New/15.5# K-55 ST&C

9 5/8" New/36# J-55 ST&C

7" New/23# K-55 ST&C-8 3/4" New hole size

No changes in setting depths for casing.

RECEIVED  
OCT 13 1984  
OIL CON. DIV.  
DSI. 3

APPROVED

DATE 10-8-84

OCT 11 1984

DATE

AREA MANAGER  
FARMINGTON RESOURCE AREA

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

SIGNED

Bret D. Cook

TITLE Agent

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NM000