| (Formerly 9-331)   | UNITED STA<br>DEPARTMENT OF TH     | IE INTERIOF          | SUBMIT IN TRIPLIC. (Other instructions of verse side) | n .c.← .                  | Budget Burcau Expires August             | 31, 1985        |
|--|------------------------------------|----------------------|---|---------------------------|--|-----------------|
| SUND   | RY NOTICES AND R                   | EPORTS ON            | WELLS to a different reservoir.                       | 6                         | SF 078139                                | E OR TRIBE NAME |
| (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.) |                                    |                      |   | 7.                        | 7. UNIT AGREEMENT NAME                   |                 |
| WELL GAS WELL OTHER  2. NAME OF OPERATOR   |                                    |                      |   | 8.                        | 8. FARM OR LEASE NAME                    |                 |
| Richmond Petroleum Inc.  |                                    |                      |   | Federal 35                |  |                 |
| 3. ADDRESS OF OPERATOR P.O. Drawer 2039, Farmington, NM 87499  |                                    |                      |   | 9.                        | WELL NO.                                 | -               |
|  | ort location clearly and in accord |                      | te requirements.•                                     |                           | FIELD AND POOL, O                        |                 |
|  | FNL, 1980' FEL                     |                      |   |                           | SEC., T., R., M., OR I                   | LE. AND         |
|  |                                    |                      | Ľ   | 5                         | 35-30N-9W N                              |                 |
| 14. PERMIT NO.   | 15 ELEVATIONS (S                   | Show whether DF, RT. | GR. etc.)   |                           | county or parise<br>an Juan              | 13. STATE       |
| 16.  | Check Appropriate Box T            |                      | re of Notice, Report,                                 |                           |  |                 |
| NO   | TICE OF INTENTION TO:              |                      | 8:  | BSEQUENT                  | EBPORT OF:                               |                 |
| TEST WATER SHUT-OFF  | PULL OR ALTER CASI                 |                      | WATER SHUT-OFF  |                           | REPAIRING                                |                 |
| FRACTURE TREAT SHOOT OR ACIDIZE  | MULTIPLE COMPLETE ABANDON®         |                      | FRACTUBE TREATMENT SHOOTING OR ACIDIZING              |                           | ALTERING C                               |                 |
| REPAIR WELL  | CHANGE PLANS                       |                      | (Other)   |                           |  |                 |
| (Other) Name   | Change                             |                      | (Note: Report r<br>Completion or Re                   | esults of m<br>completion | ultiple completion<br>Report and Log for | rm.)            |
| nent to this work.)*   | our Line requests to               |                      |   |                           |  |                 |
| nent to this work.)*   | eum Inc. requests to               |                      |   | ame to                    | Federal 30-                              | 9-35 #1.        |

\*See Instructions on Reverse Side