

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-27024

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Walsh Engineering & Production Corp.		8. FARM OR LEASE NAME Mesa Twin Mounds	
3. ADDRESS OF OPERATOR P. O. Drawer 419 Farmington, New Mexico 87499		9. WELL NO. 30-1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790'FSL, 990'FWL		10. FIELD AND POOL, OR WILDCAT Undesignated Gallup-Dakota	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30-T30N-R14W N.M.P.M.	
15. ELEVATIONS (Show whether DT, RT, GR, etc.) 5505'		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 COMPLETE

ABANDON*

CHANGE PLANE

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 OPERATION: (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, 1990 for this well. Previous request was approved until March 3, 1990.

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

RECEIVED

MAR 16 1990

OIL CON. DIV.
DIST. 3

THIS APPROVAL EXPIRES **MAR 03 1991**

18. I hereby certify that the foregoing is true and correct	
SIGNED <u>Ewell N. Walsh, P. WALSH</u>	TITLE <u>President</u> DATE <u>2/22/90</u>
(This space for Federal or State office use)	
APPROVED BY _____	TITLE _____
CONDITIONS OF APPROVAL, IF ANY:	

APPROVED

MAR 12 1990

*See Instructions on Reverse Side

for AREA MANAGER