

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

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.)

RECEIVED

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. 14-20-600-3530
2. NAME OF OPERATOR BK Petroleum, Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo - Ute Mountain
3. ADDRESS OF OPERATOR P.O. Box 826, Farmington, NM 87499	7. UNIT AGREEMENT NAME Many Rocks Gallup Project
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1967' FSL, 981' FWL, Sec. 7, T31N, R16W	8. FARM OR LEASE NAME Many Rocks Gallup
14. PERMIT NO.	9. WELL NO. 8
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GL 5745	10. FIELD AND POOL, OR WILDCAT Many Rocks Gallup
	11. SEC., T., R., N., OR S.E. AND SURVEY OR AREA Sec. 7, T31N, R16W
	12. COUNTY OR PARISH San Juan
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	Return well to production		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(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.)*

Water injection was discontinued at the subject well on 3/29/73.

It is planned to convert this well to production by:

- 1) Acidizing with 500 gallons acid.
- 2) Running rods and pump.
- 3) Hang well on pump

RECEIVED
APR 18 1986
OIL CON. DIV.
DIST. 3

APPROVED
APR 17 1986
John S. Kelly
AREA MANAGER

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

SIGNED Mildred L. Kuchera TITLE Engineer

DATE April 15, 1986

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD

DATE

APR 17 1986

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side