

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> <input checked="" type="checkbox"/> OTHER		88 MAY 18 PM 1:52	
2. NAME OF OPERATOR		FARMINGTON, NEW MEXICO	
3. ADDRESS OF OPERATOR		Pinon Mesa B	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface		Post Office Box 4289, Farmington, NM 87499	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)	
		5651' GL	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		17. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
		Sec. 25, T-31-N, R-14-W	
		N.M.P.M.	
		12. COUNTY OR PARISH	
		San Juan	
		13. STATE	
		NM	

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(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.) *			

It is intended to repair the casing in this well in the following manner:

MOL&RU. Kill well if necessary, using 1% KCl water, & install BOP. Tag TD and TOOH w/199 jts. 2 3/8" tbg. PU csg. scraper for 4 1/2" csg & TIH to 6100'. TIH w/4 1/2" cmt. retainer & set near 6050'. TOOH w/retainer setting assembly. TIH w/stinger for retainer & sting into the test position. Test tbg to 1500 psi. Set tubing w/10,000# on retainer. Swab fluid from well. Release rig.

A one year evaluation period for this well is then requested.

RECEIVED  
Bureau of Land Management

MAY 20 1988

Durango, Colorado

OIL CON. DIV  
DIST. 3

18. I hereby certify that the foregoing is true and correct			
SIGNED	<i>Reedy Leah</i>	TITLE	Drilling Clerk(WW)
(This space for Federal or State office use)		DATE	05-18-88
APPROVED BY	L. Mark Hollis	TITLE	ACTING AREA MANAGER
CONDITIONS OF APPROVAL, IF ANY:		DATE	MAY 27 1988

\*See Instructions on Reverse Side