

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.
M00-C-1420-4387
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. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR **Wentershall Corp**

3. **8831 Corporation** (303) 565-7773

4. **230 West North St. Cortez, Co. 81321**

5. **RECEIVED**

6. **MAR 5 1991**

7. **Bureau of Land Management**
Durango, Colorado

7. UNIT AGREEMENT NAME
N/A

8. FARM OR LEASE NAME
Ute Mtn. Ute

9. WELL NO.
34-22 CBT

10. FIELD AND POOL, OR WILDCAT
Wildcat/Basin Dak.

11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA
34-31n-15w NMPM

12. COUNTY OR PARISH
San Juan

13. STATE
NM

Surface: 1450' E&L & 1650' FWL (SENW) Bottom: Same

14. PERMIT NO. **30-045-27421**

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5,570' ungraded ground

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) ☒ **Extend APD approval**

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(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.)

Still plan to drill. Wish to extend approval another 6 months.

RECEIVED
MAR 12 1991
OIL CON. DIV.
DIST. 3

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

SIGNED

Brian Wood

TITLE

Consultant

DATE

3-4-91

(This space for Federal or State office use)

APPROVED BY

(s) [Signature]

TITLE

ACTING AREA MANAGER

DATE

MAR 8 1991

CONDITIONS OF APPROVAL, IF ANY:

cc: BIA, BLM(3+2 for OCD), Clausen, G. Hammond, Stone

*See Instructions on Reverse Side

NmOCD