

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

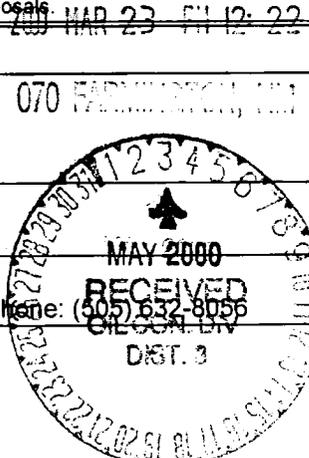
FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT--" for such proposals.

SUBMIT IN TRIPLICATE

<p>1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> <input type="checkbox"/> Other</p>	<p>5. Lease Designation and Serial No. USA SF 078464</p> <p>6. If Indian, Allottee or Tribe Name</p> <p>7. If Unit or CA, Agreement Designation</p>
<p>2. Name of Operator GREYSTONE ENERGY, INC.</p>	<p>8. Well Name and No. CHISOLM #1</p>
<p>3. Address and Telephone No. 5802 HIGHWAY 64, FARMINGTON, NM 87401 Phone: (505) 632-8059</p>	<p>9. API Well No. 30-045-30051</p>
<p>4. LOCATION OF WELL (Footage, Sec. T., R., M., or Survey Description) 2130' FSL & 995' FWL - UL "L" SEC. 24, T31N, R13W</p>	<p>10. Field and Pool, Or Exploratory Area Basin Fruitland Coal</p> <p>11. County or Parish, State SAN JUAN, NM</p>



12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>DRILL</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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 directional drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

As requested, following are Geologic Markers and Formation Tops for above referenced well:

FORMATION	TOP	BOTTOM	CONTENTS	GEOLOGIC MARKERS	TOP	TRUE VERT. DEPTH
				KB@5758'		
				<u>NAME</u>	<u>MEAS DEPTH</u>	
OJO ALAMO	1210'	1359'	WATER	OJO ALAMO	1210'	1210'
FRUITLAND	1422'	2063'	WATER & GAS	FRUITLAND	1422'	1422'
				PICTURED CLIFFS	2063'	2063'

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

Signed *Ray E. Johnston* Title PRODUCTION TECHNICIAN Date March 17, 2000

ACCEPTED FOR RECORD

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of Approval, if any: _____

MAY 01 2000

FARMINGTON FIELD OFFICE

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and wilfully to make any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

***See Instruction on Reverse Side**

1. The first part of the document is a list of names and addresses of the members of the committee.

2. The second part of the document is a list of names and addresses of the members of the committee.

3. The third part of the document is a list of names and addresses of the members of the committee.