

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(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.)

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM33005
2. NAME OF OPERATOR Bannon Energy Incorporated		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 3934 F.M. 1960 West, Suite 240, Houston, Texas 77068		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 651' FNL x 1991' FEL from section line		8. FARM OR LEASE NAME Federal 31
14. PERMIT NO. 30-039-24792		9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7024' GR		10. FIELD AND POOL, OR WILDCAT Lybrook Gallup
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T24N-R7W
		12. COUNTY OR PARISH Rio Arriba
		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) <input type="checkbox"/>	

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) <u>Cementing</u>	

(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.)\*

Move in and rig up Aztec #124; Spud 12 1/4" surface hole at 1815 hrs on 6/26/90; drilled to 325'; set 7 Jts. 8 5/8" 23#/ft csg at 321'; cmt with 271 cu. ft. class "B" cmt containing 3% CaCl<sub>2</sub> and 1/4#/Sx Flocele, circ 100 cu. ft. to surface; WOC for 8 hrs until 0915 hrs on 6/27/90; test BOP's, surface csg and choke manifold to 600 psig for 5 minutes.

RECEIVED

JUL 19 1990

OIL CON. DIV.  
DIST. 3

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

SIGNED H.G. Livingston

TITLE Drilling Mgr.

DATE 7/5/90

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

JUL 16 1990

NMOCD

FARMINGTON RESOURCE AREA

\*See instructions on Reverse Side

BY MT