

(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		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) Cementing <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.)*

TD well at 5700' at 2:00 a.m. on 7/6/90; ran 129 Jts. 4 1/2" 11.60# csg to 5691'; cemented with 2187 cu. ft. of cmt (720 sx 65/35 Poz w/12% Gel + 6#/sx Gilsonite + .6% CF-1 followed by 150 sx 50/50 Poz + 2% Gel + 10% salt + .6% CF-1); Circ 263 cu. ft. to surface; bumped plug at 1:00 p.m. on 7/7/90; waiting on completion unit.

RECEIVED
OCT 1 1990
OIL CON. DIV.
DIST. 3

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

SIGNED H.G. Livingston TITLE Drilling Manager DATE 7/11/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY:

ACCEPTED FOR RECORD

SEP 26 1990

FARMINGTON RESOURCE AREA

*See instructions on Reverse Side

BY MA