

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

Submit in triplicate
(Other instructions on reverse side)
Mission 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. NM-12557	
2. NAME OF OPERATOR CIBOLA ENERGY CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1668 Albuquerque, NM 87103		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 660'FNL & 1650'FWL Unit C		8. FARM OR LEASE NAME Duncan Federal	
14. PERMIT NO.		9. WELL NO. #5	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3883.7 GLr		10. FIELD AND POOL, OR WILDCAT W/C San Andres	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T-9S, R-28E	
		12. COUNTY OR PARISH Chaves	
		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) <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.)*

We request permission to use 23# pipe rather than 24# pipe for the following reasons:

1. Shallow well
2. Low pressure area
3. Outside of water basin

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

SIGNED Harvey E. Yates, Jr.

TITLE President

DATE MAY 7, 1992

(This space for Federal or State office use)

APPROVED BY David Stout
CONDITIONS OF APPROVAL, IF ANY:

TITLE Asst Area Manager

DATE 7/17/92

*See Instructions on Reverse Side