	D	UNITED STAT			Dil Cons. N. Frenct		OMB No. 1004-0115		
			2401000	D1. Expires November 30, 2000					
	SUNDRY	BUREAU OF LAND MA NOTICES AND REI s form for proposals	ORTS ON V	VELLSDD	s, NM 88	NM-9016			
Do i aba	not use this ndoned well	6. If Indian, Allottee or Tribe Name							
SUBI	MIT IN TRIP	7. If Unit or CA/Agreement, Name and/or No.							
1. Type of Well		-							
	Gas Well	Other		ame and No. Federal #14					
	Name of Operator t. Mary Land & Exploration c/o Nance Petroleum Corporation						reuerai #14		
3a. Address			3b. Phone	No. (include ar	ea code)	30-025-35679			
U. BOX /168	- Billin Footage Sec. 1	ngs, MT 59103 T., R., M., or Survey Descripti	<u>(406</u>	<u>5)245-624</u>	8	10. Field an Young	10. Field and Pool, or Exploratory Area Young Queen		
990' FNL &						11. County or Parish, State			
Sec 17-T18	S-R32E					Lea,	NM		
<u> </u>	HECK APP	ROPRLATE BOX(ES)		ENATURE	OF NOTICE				
TYPE OF SUBMI									
		Acidize	Deepca	OF ACTION Production (Sta	tart/Resume) Water Shut-Off				
Notice of Intent		Alter Casing	Fracture		Reclamation	ŗ	Well Integrity		
Di Subsequent Repor	n l	Casing Repair Change Plans	New Con	_		L	Other Notice of spu		
Final Abandonme		Convert to Injection	Plug and Plug Back	_			<u>surface casing</u> , end <u>BOP requirements</u>		
determined that the international determ	site is ready for Spud we TD surfa Cemented	final inspection.) 11 at 1:00 PM. ace hole at 107	Drilling O'. Ran ement. L	12 1/4" 24 jts. ead with	surface H 8 5/8" 24 300 sx "(nole. # J-55 c :" 35:65	Poz mix tail in with		
10/5/01	NU BOP. BOP & cs	Frank Hawkins	received using rig	verbal pumps r	approval f ather thar	rom Arme	ndo Lopez to test i specified in APD.		
Name (Printed/Type	ed)	is true and correct	<u></u>	[<u></u>				
	ed)	is true and correct		Title ()	perations	Engineer			
Name (Printed/Type	ed)	is true and correct K Thocker			perations 0/5/01	Engineer			
Name (Printed/Type Herb Tha	ed)	K Thocke		Date 1					
Herb Tha Signature R Approved by Conditions of approval	ackeray	K Shocken THIS SPACE	ce does not war	Date 1(AL OR STAT Tille	0/5/01 FOFFICE US APP	ROVE			
Name (Printed/Type Herb Tha Signature R Approved by Conditions of approval, certify that the applican which would entitle the a	ackeray <u> <u> <u> </u> <u> </u></u></u>	K Shocken THIS SPACE ached. Approval of this notion or equitable title to those riginduct operations thereon.	ice does not war hts in the subjec	Date 1 AL OR STAT Tille Tant or t lease Office	0/5/01 FEOFFICE US APP OFFICE US APP OFFICE US APP OFFICE US APP OFFICE US		D		

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