

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on
reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

CC 030132 B

IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Emuley Operating Co

3. ADDRESS OF OPERATOR
1801 Broadway, Suite 1200, Denver Co 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
1980' FNL & 660' FEL, Sec 30-T22S-R36E

14. PERMIT NO.
300250 090980051

15. ELEVATIONS (Show whether OF, RT, CR, etc.)

7. UNIT AGREEMENT NAME
N/A

8. FARM OR LEASE NAME
Closson "B"

9. WELL NO.
11

10. FIELD AND POOL, OR WILDCAT
Talmet Yates

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 30-T22S-R36E

12. COUNTY OR PARISH
Lea

13. STATE
NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	PCLL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDISE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANE	☐
(Other)	☐		☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDISING	☐	ABANDONMENT*	☐
(Other) <u>Pressure Test Csg - TA</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.)

3/10/94

1. Check FL. Full
2. Rigged up Pump Truck. Pressured to 550 psi.
Surface connections leaking. Tightened connection
3. Test csg & BP to 520 psi for 30 min. OK
Return to TA status
4. Test witnessed by Steve Caffery, BLM

TA APPROVED FOR 12 MONTH PERIOD
ENDING 3/10/95

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

SIGNED FAWice

TITLE Consulting Engineer

DATE 3/29/94

(This space for Federal or State office use)

APPROVED (OPIC, SGD.) JOE G. LARA

TITLE PETROLEUM ENGINEER

DATE 4/20/94

CONDITIONS OF APPROVAL, IF ANY:

future TA request must include justification for continuing the well in TA status.
See Instructions on Reverse Side

