

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.
NM 12201

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.)

<p>1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR William G. Gill, Agent</p> <p>3. ADDRESS OF OPERATOR 430 Wilson Building, Corpus Christi, TX 78401</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FNL, 330' FEL, Sec. 24, T16N, R10W, NMPM</p> <p>14. PERMIT NO.</p>	<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Marcelina</p> <p>9. WELL NO. 5</p> <p>10. FIELD AND POOL, OR WILDCAT Marcelina/Dakota "A"</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 24, 16N, 10W, NMPM</p> <p>12. COUNTY OR PARISH McKinley</p> <p>13. STATE N.M.</p>
<p>15. ELEVATIONS (Show whether DF, RT, OR, etc.) 7160' G.L.</p>	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Drilling and completion</u> <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.)*

- 8-1-77 Spudded well w/9 7/8" R.B.
Drilled to 93'
Set 90' 7 5/8", 26.4# surface casing and cemented to surface w/80 sks cement w/2 sks CaCl. W.O.C. 12 hrs. Drilled 6 3/4" hole to 2020'.
Ran IE and CDL/GR logs. Deviation less than 1°.
- 8-5-77 Ran 4 1/2", 10.5# casing to 2000' and cemented to surface w/125 sks Class B Posmix, 12% gel, 12 1/2% gilsonite, 10.3#/gal. and 75 sks Class B Neat around btm. Tested w/1000 psi. Good.
- 8-29-77 Perforated Dakota sand w/16 holes from 1746' to 1760' and fraced w/22,000 lbs 20/40 sand 18,800 gals hot water. Breakdown pressure was 1300 psi and pumped in at 20.0 bbls/min and avg. pressure of 900 psi. Shut-in pressure was 450 psi.
- 9-2-77 Bailed sand. Ran 1760' of 2 1/16", 3.25# IJ tubing. Started swabbing.
- 9-16-66 Finished swabbing. Ran pump and rods.
- 9-17-77 Set pump jack.
- 10-3-77 REA finished running electric power lines. Started pumping.

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

SIGNED

W. G. Gill

TITLE

Geologist

DATE

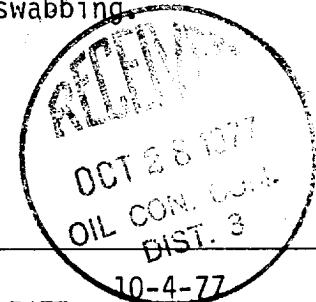
10-4-77

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



OCT 27 1977

*See Instructions on Reverse Side