

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

Form approved  
Budget Bureau No. 42-R1424.

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. Contract No. 413
2. NAME OF OPERATOR Dave M. Thomas, Jr.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
3. ADDRESS OF OPERATOR P.O. Box 2026, Farmington, New Mexico 87401	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 790'FNL, 990'FWL	8. FARM OR LEASE NAME Chacon Jicarilla Apache
14. PERMIT NO.	9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7256'GL, 7269'DF, 7270'KB	10. FIELD AND POOL, OR WILDCAT Chacon Dakota
	11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 23-T23N-R3W 17 N.M.P.M.
	12. COUNTY OR PARISH Rio Arriba
	13. STATE New Mex.

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"/>
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"/>	

WATER SHUT-OFF <input checked="" 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.)

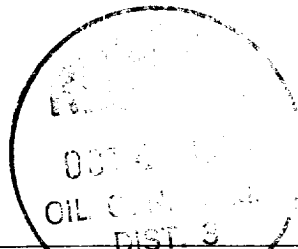
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

8-17-76 Spud Well  
8-18-76 T. D. 297'

Ran 6 jts, 8-5/8", 24.0 lb., K-55 casing(274.80') set at 290.80' with 200 sxs. Class "B" cement with 2% CaCL and 1/4 lb Flocele per sack. Cement circulated. Test with 500 lbs. Test OK

9-5-76 T.D. 7606

Ran 239 jts, 4-1/2", 10.50 & 11.60 lb., K-55, ST&C and LT&C casing (7553.07'). Set at 7567.07' with: First Stage - 100 sacks Halliburton "Light" (12% gel) followed by 250 sacks Pozmix "A" with 6-1/4 lbs. Gilsonite per sack, 0.05% CFR-2, 6lbs. salt per sack. Second stage - 100 sacks Halliburton "Light" (12% gel) followed by 50 sacks class "B" cement. Stage tool at 3210'.



For: Dave M. Thomas, Jr.

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

SIGNATURE *Well Walsh*

PRESIDENT, Walsh Engineering & Production Corp.

DATE September 29, 1976

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side