

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

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

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 ARCO Oil and Gas Company, a Division of
Atlantic Richfield Company

3. ADDRESS OF OPERATOR
Suite 501, 1860 Lincoln St., Denver, Colo. 80295

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1840' FSL & 800' FEL Section 5 (NE SE) (Unit I)

14. PERMIT NO. API #30-039-22013
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7345' GR (Ungraded)

Joint Venture
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache
7. UNIT AGREEMENT NAME
- - -
8. FARM OR LEASE NAME
Jicarilla Apache JV
9. WELL NO.
5-2
10. FIELD AND POOL, OR WILDCAT
Chacon-Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 5-2N-3W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
New Mexico

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) N.O. Spud & Set Surf. Csg. <input checked="" 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.)*

Spudded @ 5:00 pm, 6/7/79. Drilled 12-1/4" hole to 327'. Ran 8 jts 8-5/8" OD 24# K-55 ST&C (315.25') and landed @ 313' KB. Cmt'd w/300 sx regular cement, 2% CaCl, 1/4# folcele/sx. Circled 15 bbls slurry. PD @ 5:00 am, 6/8/79.

6-9-79 to 6-13-79 Drilled 7-7/8" hole to 4180'.

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

SIGNED W. A. Walther, Jr. TITLE Operations Manager DATE June 13, 1979
W. A. Walther, Jr.

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

JUN 14 1979