

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(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. 167
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 880'FNL, 990'FWL	8. FARM OR LEASE NAME Amerada Jicarilla
	9. WELL NO. 3
	10. FIELD AND POOL, OR WILDCAT Chacon Dakota Assoc.
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 2-T23N-R3W N.M.P.M.
14. PERMIT NO.	12. COUNTY OR PARISH Rio Arriba
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7165'GL, 7178'DF, 7179'KB	13. STATE N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☒
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(NOTE: Report results of completion of operations on Well
Completion or Recompletion Report form)

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

2/15/81 Spud Well

2/16/81 T.D. 270'. Ran 6 joints 8-5/8", 24.0 lb., K-55 casing (250') set at 265' with 250 sacks Class "B" Cement with 3% Calcium Chloride and 1/4 lb. Flocele per sack. Pressure test with 500 psig. Test Ok.

FOR: DAVE M. THOMAS, JR.

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

President, Walsh Engr.

SIGNED

ORIGINAL SIGNED BY

TITLE

& Production Corp.

DATE

2/16/81

Ewell N. Walsh, P.E.

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

FEB 24 1981

*See Instructions on Reverse Side

FARMINGTON DISTRICT
B.W.

NM000