

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. Contract #159	
2. NAME OF OPERATOR SHERMAN F. WAGENSELLER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla	
3. ADDRESS OF OPERATOR Brana Corp, First Interstate Bldg, Suite 1223, Alb. NM 87102		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 and fwl		8. FARM OR LEASE NAME Mobil Apache 18	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7288 Gr.		10. FIELD AND POOL, OR WILDCAT South Blanco PC	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 18-23N-2W-NMP	
		12. COUNTY OR PARISH Rio Arriba	
		13. STATE NN	

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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.) *

M1 Completion Rig. Ran tubing and spotted 250 gals. 7½% MCA. Swabbed back-no flow. SI well for 7 days with bottom hole pressure recorders in hole. After 7 days. POOH with recorders and tubing. SWF with 32,000 gals treated water and 30,000# 20-40 sand. Avg. TP 900psi, IR 35 BPM and FP 200 psi. Ran 97 jts. of 2 3/8", 4.7#, J, EUE tubing, TE 3060 set at 3068'. Swabbed well, well ko and blew frac water and gas. Cleaned up well. Now SI for IP test.



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

SIGNED [Signature] TITLE Morris B. Jones, Engineer DATE 9-2-82
(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

SEP 10 1982

*See Instructions on Reverse Side

FARMER
BY Sm

NM000