

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-0135  
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS  
(Do not use this form for proposals to drill or to deepen or to plug or to abandon a well. Use "APPLICATION FOR PERMIT" for such proposals.)

RECEIVED

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		SEP 11 1985	
2. NAME OF OPERATOR Jicarilla Energy Company		BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA	
3. ADDRESS OF OPERATOR P.O. Box 507, Dulce, New Mexico 87528			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2128' FSL, 736' FWL, Sec. 2, T23N, R4W			
14. PERMIT NO. ---		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7281' GR 7293' KB	
5. LEASE DESIGNATION AND SERIAL NO. Apache Reservation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache	
7. UNIT AGREEMENT NAME none		8. FARM OR LEASE NAME JECO 85 "A"	
9. WELL NO. #2		10. FIELD AND POOL, OR WILDCAT So. Lindrith Gallup Dakota	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 2, T23N, R4W		12. COUNTY OR PARISH Rio Arriba	
13. STATE NM			

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</u>	
(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.)\*

8-9-85 Spud well at 1:30 PM. Drlg. to 319' - Survey 1°. Set 297.34' of 8 5/8" 24# casing at 309' KB. Cemented with 200 sx Class "B" and circulated 5 bbls. good cement to surface.

8-23-85 Reached TD of 7575' and set 4 1/2" casing at 7575'. Cemented 1st stage with 900 sx Class "B" 50/50 Pozmix, 2% gel, 6 1/2 #/sx gilsonite and 6 #/sx salt for 1270 cu.ft. of slurry. Cemented 2nd stage with 500 sx Class "B" 65/35 Pozmix, 12 1/2 #/sx gilsonite and 50 sx Class "B" neat cement. DV tool at 3283'. Circulate cement to surface. Rig released 8:30 PM 8-23-85. Now waiting on completion rig.

RECEIVED  
SEP 13 1985  
OIL CON. DIV.  
DIST. 3

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

SIGNED Harold W. Eledge TITLE Agent DATE 9-7-85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

\*See Instructions on Reverse Side  
FARMINGTON COPY

NM000