

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
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 plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Testing Phase - Oil Well		5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Contract 413	
2. NAME OF OPERATOR Elf Aquitaine, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache	
3. ADDRESS OF OPERATOR 1000 Louisiana, Suite 3800, Houston, Texas 77002		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 400' and 1500' FWL of Sec. 14		8. FARM OR LEASE NAME Chacon Jic. Apache D	
14. PERMIT NO.		9. WELL NO. 11	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7290' GL		10. FIELD AND POOL, OR WILDCAT West Lindrith	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 14, T23N, R3W	
		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:		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) <input type="checkbox"/>	
(Other) Test for Production <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.)*

Notice of First Production:

Well began production February 14, 1988.

Request for Additional Testing:

The production rate of 5 to 4 BBLS of oil per day is not commercial and Elf plans to continue testing as follows:

1. Test by pumping 1 day every 4 days until April 1, 1988,
2. Shut well for 30 to 40 days for BHP build up,
3. Conduct a series of surge tests and short impulse pump tests which should be completed by mid June. Recommendation to acidize and/or frac will be made after analysis of the tests results.

Elf requests permission to retain the produced oil from this well on location for injection into the formation for treating purposes at a later date.

Elf also requests permission to vent gas during the proposed test period. This gas is estimated to be 6-10 MCFPD or a maximum of 600 MCF over a 60 day period.

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

SIGNED Bob Adolph Bob Adolph TITLE Manager Regulatory Affairs DATE 3.11.88

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCO