

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

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Contract A 55
2. NAME OF OPERATOR Benjamin Glenbyen Holcomb Oil and Gas, Inc.	7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P.O. Box 2058, Farmington, NM 87499-2058	8. FARM OR LEASE NAME JIC. A 55
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SWSW Section 26, T23N-R3W, Sandoval County, NM 790' n/s 790' e/w	9. WELL NO. 6
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
10. FIELD AND POOL, OR WILDCAT Pictured Cliffs	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW/4 Sec. 26-T23N-R3W
12. COUNTY OR PARISH Sandoval	13. STATE NM

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 COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

Request an extension of one year on the demand to plug Well #6, to allow us time to review detailed records and attempt to return the well to production on this newly acquired well.

RECEIVED
OCT 3 1991
OIL CON. DIV
B-10

THIS APPROVAL EXPIRES NOV 01 1992

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

SIGNED

TITLE President

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE 10-24-91

DATE OCT 28 1991

AREA MANAGER
FARMINGTON REGIONAL OFFICE

*See Instructions on Reverse Side