

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-X1424.

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. 411	
2. NAME OF OPERATOR Union Oil Company of California		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache	
3. ADDRESS OF OPERATOR P. O. Box 2620 - Casper, Wyoming 82601		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 990' FNL & 1650' FWL (NE NW), Sec. 25, T. 22 N., R. 3 W.		8. FARM OR LEASE NAME Jicarilla 411	
14. PERMIT NO.		9. WELL NO. 1 (C-25)	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7338' Gr.		10. FIELD AND POOL, OR WILDCAT Undesignated	
		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 25, T.22N., R.3W.	
		12. COUNTY OR PARISH Sandoval	13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

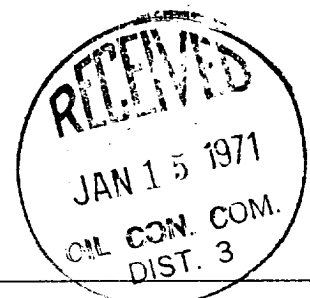
SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Supplemental Well History <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.)\*

Drilled to 6910'. RIH to clean hole for logs. Ran in with bit. Reamed and washed 5700-5800', 6690-6780'. C.O. 10' fill on bottom. Circulated 3-1/2 hrs. and conditioned mud. Raised viscosity to 61 seconds. POH. Ran Dual Ind-LL, FDC, BHC Sonic-GR & F logs. Ran and cemented 210 joints 5-1/2" OD, 15.5#, K-55, 8R, STC casing at 6910' with 240 sx. 50-50 pozmix, 2% gel. plus 100 sx. latex cement. Preceded cementing with 500 gal. mud flush. Cemented thru stage collar at 2690' with 200 sx. 50-50 pozmix, 2% gel. Closed stage collar with 2500 psi. Landed 5-1/2" casing and NU wellhead. Drilled stage collar at 2690', float collar at 6875' and cemented to 6894'. Displaced water with 150 bbls. lse. oil. Released rig at 5:00 a.m. on 1-10-71.



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

SIGNED A. T. Mannon, Jr. TITLE District Drilling Supt. DATE 1-13-71

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: