

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
Jic Tribal #424 NM-1122
LOTTEE OR TRIBE NAME

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Engineering & Production Service, Inc.

3. ADDRESS OF OPERATOR
P.O. Box 190, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980' FNL & 660' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jair

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Venado Mesa Verde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 7 - 22N - 5W

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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

Perforate add section

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.)*

1. Move in - rig up completion unit.
2. Pull out of hole with production equipment.
3. Rig up wireline and perforate 4016-4024' in Mesa Verde section.
4. Go in hole with tubing and packer and set packer at 4005±.
5. Swab test perforations 4016-4024. Acidize with 500 gallons if necessary to obtain inflow.
6. Based on swab test; fracture treat perforation 3974-90 and 4016-4024.
7. Return well to production.



JUL 23 1977

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

SIGNED William T. Jones
William T. Jones

TITLE Agent

DATE 6-27-77

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side