

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Jicarilla Tribal #424

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

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 13. STATE

Sandoval

New Mexico

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"/> | |
| 2. NAME OF OPERATOR Engineering & Production Service, Inc. | |
| 3. ADDRESS OF OPERATOR Box 190, Farmington, N.M. 87401 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL and 660' FEL | |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) |

| | | | |
|---|---|---|--|
| 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 checked="" type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) Perf additional section | |
| (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.)*

1-8-77
Moved in and rigged up Farmington Well Service #10. Pull out of hole with production equipment. Rig up Blue Jet and run correlation log from 4200' to 3200'. Perforated 4016-24' with 4" casing gun 2 shots per foot. Went in hole with tubing and packer and set packer at 4003'. Swab tested perforations. Swabbed dry. Acidized with 500 gallons 15% MCA. Swabbed tested perforations 2 barrel per hour - good oil cut. Pull out of hole with packer. Ran production equipment and put well to pumping. Well pumped at daily rate of 19 barrels oil, and 30 barrels water with gas too small to measure.

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

SIGNED

William T. Jones

TITLE

Agent

DATE

July 8, 1977

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side