

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget/Bureau No. 42-R1424.

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. NM 26164	
2. NAME OF OPERATOR Colorado Plateau Geological Services - TransOcean		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 537; Farmington, New Mexico 87401		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 1217' FNL, 463' FEL		8. FARM OR LEASE NAME Bicentennial Freedom	
14. PERMIT NO.		9. WELL NO. Federal No. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6258GR		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA sec 35-T13N-R6E	
		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:

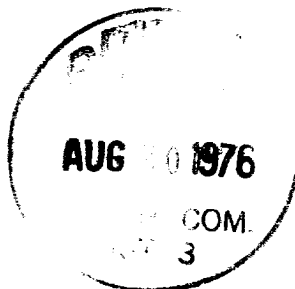
WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/> Commence operation	

(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.)\*

8/2/76 spud with cable tool rig. Drill 11" hole to 86 feet. Ran 86', 8-5/8, 24# surface casing. Cemented with 40 sx cement, circulated. WOC & nipples up Shaeffer 7" BOP. Pressure tested to 1000 PSI, ok. 8/5/76 Drilled out with 6 1/2 bit. Drilled to 1411' on 8/12/76. Ran Schlumberger logs. S.D. W.O.O.

T.A.



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

SIGNED Mark E. Weidler  
Mark E. Weidler

TITLE Vice President

DATE 8/18/76

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

DATE \_\_\_\_\_