

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(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. Contract No. 55-A	
2. NAME OF OPERATOR DAVE M. THOMAS, JR.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache	
3. ADDRESS OF OPERATOR P.O. Box 2026, 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 790'FSL, 790'FWL		8. FARM OR LEASE NAME Chacon Jicarilla Apache "D"	
		9. WELL NO. 104	
		10. FIELD AND POOL, OR WILDCAT Chacon Dakota Associated	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25-T23N-R3W N.M.P.M.	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, CR, etc.) 7351'G.L., 7364'D.F., 7365'K.B.	12. COUNTY OR PARISH Sandoval	13. STATE N.M.

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 checked="" 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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(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.)*

4/15/79 Spud Well.

4/16/79 T.D. 285'. Ran 9 joints 8-5/8", 24.0 lb. K-55 casing (267.70') set at 281.70' with 250 sacks Class "B" cement with 3% Calcium Chloride and 1/4 lb. Flocele per sack. Cement circulated. Pressure test with 500 psig. Test ok.

5/2/79 T.D. 7555'. Ran 221 joints 4-1/2", 10.50 & 11.60, K-55 casing (7504.55') set at 7518.55' with:

First Stage: 510 sacks 50-50 Pozmix with 6-1/4 lbs. Gilsonite and 6 lbs. salt per sack.

Second Stage: 150 sacks 65-35 Pozmix (12% Gel) with 6-1/4 lbs. Gilsonite per sack, followed by 50 sacks Class "B" Neat Cement. Stage Collar at 3094'

FOR: DAVE M. THOMAS, JR.

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

SIGNED Ewell N. Walsh, P.E.

TITLE President, Walsh Engin. & Prod. Corp.

DATE 5/3/79

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____