

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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 SUPERIOR OIL COMPANY
3. ADDRESS OF OPERATOR P. O. DRAWER "G", CORTEZ, COLORADO
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FEL, 660' FSL SESE
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7232' K.B. 7218' GR

5. LEASE DESIGNATION AND SERIAL NO. JIC CONT. 55
6. IF INDIAN, ALLOTTEE OR TRIBE NAME JICARILLA APACHE
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME JICARILLA 55
9. WELL NO. #2R
10. FIELD AND POOL, OR WILDCAT WEST LINDRITH GALLUP-DAKOTA
11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA SEC. 35, T23N, R3W
12. COUNTY OR PARISH SANDOVAL
13. STATE NM

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

Report of items as shown on form 3160-4:

Item 15: Date spudded - 6-4-84

Item 16: Date TD reached - 6-18-84

Item 20: Total depth (MD) - 7169'

Item 21: PBTD - 7084'

Item 28: Casing record

8-5/8", 24# set at 292' KB in 12-1/4" hole w/ 225 sx Class 'B' w/ 2% CaCl  
5-1/2", 15.5# set at 7156' in 7-7/8" hole w/918 sx 50/50 Poz, 565 sx 65/35  
Lite Poz and 50 sx Class 'B'.  
DV tool at 3632'. TOC at 1778' (log) and 3900' (est).

Item 29: No liner.

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

SIGNED Roberto Dentici TITLE Engineer

DATE 7-30-84

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

ACCEPTED FOR RECORD

DATE \_\_\_\_\_

AUG 06 1984

NMOCG

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY Smm