

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Contract 12	
2. NAME OF OPERATOR James L. Ludwick		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Tribal	
3. ADDRESS OF OPERATOR P.O. Box 70 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 1650' FSL, 790' FEL		8. FARM OR LEASE NAME Jicarilla	
14. PERMIT NO.		9. WELL NO. 6	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6574 Gr		10. FIELD AND POOL, OR WILDCAT Ballard Pictured Cliffs	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T24N, R5W	
		12. COUNTY OR PARISH Rio Arriba	
		13. STATE New Mex.	

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"/>		<input type="checkbox"/>

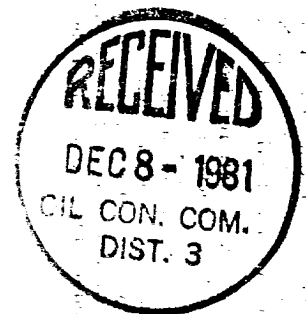
SUBSEQUENT REPORT OF:

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 checked="" type="checkbox"/>	Return to Production	<input checked="" 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.)\*

TOTAL DEPTH 2219  
10-23-1981 MICT - Pull Tubing,  
10-24 Well logged off w/fluid - unloaded hole,  
10-26 Attempting to clean out at 2190,  
10-27 Stuck in cave at 2200,  
10-28 Cleaning out at 2200, Open hole caving,  
10-29 Open hole continues to cave,  
Ran 1" tubing @ 2170,  
Return to line.



18. I hereby certify that the foregoing is true and correct		DATE 11-24-1981	
SIGNED <i>Paula G. Kennedy</i>	TITLE Agent		
(This space for Federal or State official use)			
APPROVED BY (Orig. 5x4) RAYMOND W. VANDER	TITLE ACTING DISTRICT ENGINEER	DATE DEC 10 1981	
CONDITIONS OF APPROVAL, IF ANY:			