

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved,
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

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"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>Jicarilla Apache</u>	
2. NAME OF OPERATOR <u>Clinton Oil Company</u>		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR <u>217 No. Water St., Wichita, Kansas 67202</u>		8. FARM OR LEASE NAME <u>Jicarilla Tribal 35</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>1650' FSL & 1145' FWL Sec. 35-T25N-R5W</u>		9. WELL NO. <u>1</u>	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>KB - 6798</u>	
		10. FIELD AND POOL, OR WILDCAT <u>Otero Gallup</u>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 35-T25N-R5W</u>	
		12. COUNTY OR PARISH <u>Rio Arriba</u>	
		13. STATE <u>N. Mexico</u>	

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 checked="" type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

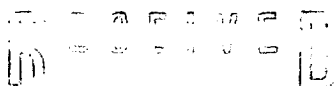
WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(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.)*

Well is presently completed in the Gallup Fm producing from perforations at 6175-98, 6206-16, 6226-58, 6268-77 and 6442-66.

We are proposing to workover the Gallup zone by perforating the interval from 6330-80 and fracture treating with 50,000 gals gelled water plus 35,000 lbs sand. The new perforations will then be commingled with the present completion and the well returned to production. Work will start approximately May 29th.

U. S. GEOLOGICAL SURVEY
DURANGO, COLO.

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

SIGNED M. A. Stead TITLE Dist. Production Engineer DATE May 25, 1972

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____