

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"/> | 5. LEASE DESIGNATION AND SERIAL NO. JICARILLA CONTRACT #34 |
| 2. NAME OF OPERATOR DOYLE E. BAXTER (SOROCO, INC.) | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME JICARILLA APACHE TRIBE |
| 3. ADDRESS OF OPERATOR P.O. BOX 27 BLOOMFIELD, NM 87413 | 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 1980' FNL & 660' FEL H - SEC.33, T25N, R5W | 8. FARM OR LEASE NAME |
| 14. PERMIT NO. | 9. WELL NO. JICARILLA "C" #22 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 10. FIELD AND POOL, OR WILDCAT OTERO GALLUP |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC.33, T25N, R5W |
| | 12. COUNTY OR PARISH 13. STATE |

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) REENTRY <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.)*

COMPLETED OPERATIONS

8-22-93: SWABBING WELL, ONE DAY
12-10-93: SWABBING WELL, ONE DAY
1-11-94: MOVE IN RIG AND RUN TUBING PUMP AND RODS.
1-12-94: FINISH RUNNING RODS AND RIG DOWN RIG.
1-21-94: MOVE IN PUMPING UNIT AND RIG UP, START WELL TO PUMPING.
1-24-94: WELL WILL NOT PUMP UP, PLAN TO PULL RODS AND PUMPIN THE NEXT COUPLE OF WEEKS.

RECEIVED
MAR 3 1 1994
OIL CON. DIV.
DIST. 3

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

SIGNED Shirley Mondy TITLE Partner

DATE 2-10-94

(This space for Federal or State office use)

APPROVED BY SHIRLEY MONDY

TITLE Chief, Lands and Mineral Resources

DATE MAR 3 0 1994

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOC