

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.  
LEASE DESIGNATION AND SERIAL NO.  
**Jicarilla Contract**  
No. 127  
IF INDIAN, ALLOTTEE OR TRIBE NAME

**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		7. UNIT AGREEMENT NAME <b>Jicarilla Apache</b>
2. NAME OF OPERATOR <b>Manning Gas &amp; Oil Company</b>		8. FARM OR LEASE NAME <b>Apache</b>
3. ADDRESS OF OPERATOR <b>1660 Lincoln Street, Suite 2502 Denver, Colorado 80203</b>		9. WELL NO. <b>15</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>1040' FSL, 819' FWL</b>		10. FIELD AND POOL OR WILDCAT <b>South Blanco Pictured Cliffs</b>
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 4-T24N-R4W</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>6742' GL, 6753' DF, 6754' KB</b>		12. COUNTY OR PARISH <b>N.M.P.M.</b>
		13. STATE <b>Rio Arriba New Mexico</b>

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 checked="" 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 type="checkbox"/>		<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.) \*

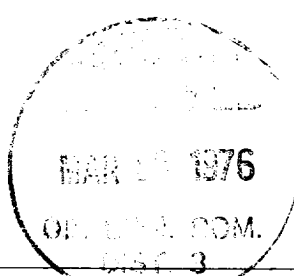
2-28-76 Spud well.

2-28-76 T. D. 145'

Ran 3 joints, 8-5/8", 24.0#, K-55 casing (131.60') set at 142.60' with 160 sacks class "B" cement with 2% calcium chloride and 1/4# Flocele per sack. Cement circulated. Test with 500 psig - 30 minutes, Test O.K.

3-4-76 T. D. 2972'.

Ran 72 joints, 4-1/2", 10.50#, K-55 casing (2938.66') set at 2949.66' with 100 sacks 50/50 Pozmix with 6% salt. Calculated top of cement - 2400'.



For: Manning Gas & Oil Company

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

SIGNED Ewell N. Walsh, P. E.

President, Walsh Engineering  
& Prod. Corp.

DATE 3-10-76

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

DATE \_\_\_\_\_