

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE
(Order instructions on the
reverse side)Form approved
Bureau Order No. 42 B1424
LEASE REGISTRATION AND SERIAL NO.
Jicarilla Contract
No. 127
G. IF INDIAN, ALLOTTEE OR TRIBAL 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	5. LEASE REGISTRATION AND SERIAL NO. Jicarilla Contract No. 127
2. NAME OF OPERATOR Manning Gas & Oil Company	6. IF INDIAN, ALLOTTEE OR TRIBAL NAME Jicarilla Apache
3. ADDRESS OF OPERATOR 1660 Lincoln Street, Suite 2502 Denver, Colorado 80203	7. UNIT ACCESSION NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990' FNL, 990' FWL	8. FARM OR LEASE NAME Apache
14. PERMIT NO.	9. WELL NO. 16
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 6702' GL, 6713' DF, 6714' KB	10. FIELD AND POOL, OR WILDCAT
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9-T24N-R4W N.M.P.M.
	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 COMPLETION <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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <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.) *

4-13-76 PBTD-2866'

Perforated 2758'-2768' and 2826'-2832' with 2- 3-1/2" Glass Jets per foot. Sand water frac as follows:

Pad- 5000 gals. water with 1% KCL, 0.5 gal. per 1000 gals.
CIA-STA and 30 lbs. per 1000 gals. WG-6.Water- 41,000 gals. with 1% KCL, 0.5 gal. per 1000 gals. CIA-STA
and 30 lbs. per 1000 gals. WG-6.

Sand- 80,000 lbs. 20-40

Flush- 2100 Gals. with 1 gal. per 1000 gals. Howco Suds.

Breakdown Pressure- 2850 psig.

Average Treating Pressure- 1450 psig

Maximum Treating Pressure- 1450 psig

Average Injection Rate- 34 BPM

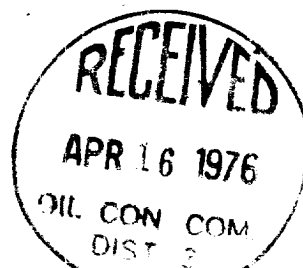
Hydraulic H.P.- 1208 HHP

Instantaneous SIP- 900 psig

5 minute SIP- 800 psig.

10 minute SIP- 775 psig.

15 minute SIP- 775 psig.



For: Manning Gas & Oil Co.

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

Signed Ewell N. Walsh, P.E.President, Walsh Engineering
& Prod. Corp.

DATE April 14, 1976

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE