

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

3. LEASE DESIGNATION AND SERIAL NO.

Jicarilla Cont. No. 125

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Contract

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jicarilla 123C

9. WELL NO.

16

10. FIELD AND POOL, OR WILDCAT

South Blanco PC

11. SEC., T., R., M., OR BLK. AND

SURVEY OR AREA
Sec. 5, T-25-N, R-4-W
N.M.P.M.

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐
2. NAME OF OPERATOR
Northwest Production Company
3. ADDRESS OF OPERATOR
P. O. Box 990, Farmington, NM 87401
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1560'S, 1740'W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7316' GL

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☒

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.) *

05-19-76 Spudded well. Drilled surface hole. Ran 3 joints 8 5/8", 24#, KS surface casing, 115' set at 115' GL. Cemented with 106 cu. ft. cement. Circulated to surface.



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

SIGNED

A. D. Duico

TITLE

Drilling Clerk

DATE

May 21, 1976

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE