

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION/AND SERIAL NO.
Jicarilla Contract No. 111
6. 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 GAS WELL OTHER

2. NAME OF OPERATOR **ARCO Oil and Gas Company,
Division of Atlantic Richfield Company**

3. ADDRESS OF OPERATOR **501 Lincoln Tower Bldg.,
1860 Lincoln Street, Denver, Colorado 80295**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
750' FNL & 990' FEL Section 5 (NE NE) (Unit A)
API #30-039-22005

14. PERMIT NO. **Mr. Barrick -3/6/79.**

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6781' GL (Ungraded)

7. UNIT AGREEMENT NAME
- - - - -

8. FARM OR LEASE NAME
Jicarilla

9. WELL NO.
101

10. FIELD AND POOL, OR WILDCAT
W. Lindrith Gallup-Dakota

11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA
Sec. 5-24N-14W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

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

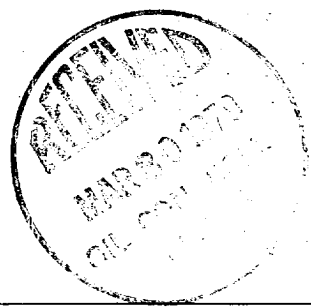
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) N.O. Cementing Prod'n. Casing <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.)*

Drilled 7-7/8" hole to 7522'. Ran logs. Ran 7524' (192 jts), 5-1/2" OD 15.5 & 17# K-55 ST&C new casing set @ 7522' RKB, DV tool @ 4170', FC @ 7475'. Cemented 5-1/2" csg in two stages: 1st stage, cmtd w/500 gals mud flush foll by 250 sx 50-50 pozmix w/ 4% gel, 6.5# gilsonite per sack, 3/4% CFR-2, & 1/2% HR-4, foll by 150 sacks neat cement. Circulated thru DV tool for 4 hrs & cemented 2nd stage as follows: 500 gals mud flush foll by 100 sacks 50-50 pozmix with the same additives as above, foll by 100 sacks neat cement. PD @ 3:45 pm, 3/24/79, with good returns. Float held OK. Removed BOP's & released rig @ 8:00 pm, 3/24/79.

3/25/79 Waiting on Completion.
3/26/79 Waiting on Completion.



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

SIGNED W. A. Walther, Jr. TITLE Operations Manager DATE 3/26/79

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

