

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

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.)

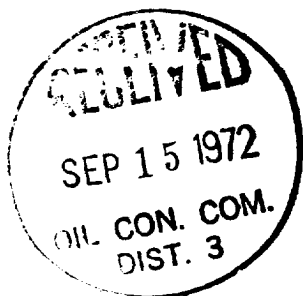
| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | | 5. LEASE DESIGNATION AND SERIAL NO. SF-079185 |
| 2. NAME OF OPERATOR Pubco Petroleum Corporation | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR P. O. Box 869, Albuquerque, New Mexico 87103 | | 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 790' FSL & 790' FWL of Section 21-26N-6W | | 8. FARM OR LEASE NAME Scott Federal |
| 14. PERMIT NO. -- | | 9. WELL NO. 5 |
| 15. ELEVATIONS (Show whether DF, RT, OR, etc.) 6682' GL | | 10. FIELD AND POOL, OR WILDCAT Otero Chacra <i>et</i> |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21-26N-6W |
| | | 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) Spud & Surface Casing | |
| (Other) | | (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.)*

Spudded @ 8 A.M. 9/8/72. Ran 3 joints (129.50') 8-5/8" 20#, H-40 casing. Landed @ 141.5'. Cemented with 90 sacks Class "A" 3% CaCl₂. Cement circulated. P.D. @ 1:00 P.M. 9/8/72. Tack-welded collars in four quadrants on bottom two joints. Used thread lock on bottom 2 joints. WOC 51 hours. Moved on Rotary 9/10/72. Tested BOP and casing to 1000 psi for 30 minutes before drilling out.



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

SIGNED

Charles W. Sanders

TITLE Area Production Manager

DATE 9/13/72

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE