## UNITED STATES SUBJET IN TRIPLICATE® DEPARTMENT OF THE INTERIOR (Other Instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

| GEOLOGICAL SURVEY  |                            |                             |  | Jicarilla Aba                                |                                |
|--|----------------------------|-----------------------------|--|--|--------------------------------|
| SUNDRY NOTICES AND REPORTS ON WELLS  |                            |                             |  | 6. IF INDIAN, ALLOUTER                       | OR TRIBE NAME                  |
| SUNDKI NONCES MAD ALFORD ON WELLS  On not use this form for proposals to drill or to deepen or plug back to a different reservoir.                   |                            |                             |  |  |                                |
| (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.) |                            |                             |  | Jicarilla Apa                                |                                |
| 1.   |                            |                             |  | 7. UNIT AGREEMENT NA                         | ME                             |
| OIL GAS OTHER  | n Dry                      | _                           |  | Contract No.                                 | 120                            |
| 2. NAME OF OPERATOR  |                            |                             |  | 8. FARM OR LEASE NAM                         |                                |
| Saxon Oil Company  |                            |                             |  |  | atract120                      |
| 3. ADDRESS OF OPERATOR   |                            |                             | -  | 9. WELL NO.                                  |                                |
| 600 First National Ba  | enk Blda Abile             | ne. Texas                   | 79601  | 1  |                                |
| A LOCATION OF WELL (Report location  | on clearly and in accordan | ce with any Stat            | e requirements.*   | 10. FIELD AND POOL, O                        | R WILDCAT                      |
| See also space 17 below.) At surface   |                            |                             |  | Tapacito Assoc. Gallup                       |                                |
|  |                            |                             |  | 11. SEC., T., R., M., OR E<br>SURVEY OR AREA |                                |
| 790' from East line 8  | 1850! from Sou             | th line o                   | F Sec. 29  | B02721 OH 2224                               |                                |
| 790. From East Time 8  | , 10,00 1100 500           | (1, 1, 1, 1, 0)             |  | Sec. 29-T26N-                                | R4W                            |
| 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  |                            |                             |  | 12. COUNTY OR PARISH                         | 13. STATE                      |
| 11, 12, 12, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10   |                            | 722 <b>3</b> 1 GL           |  | Rio Arriba                                   | New Mexico                     |
|  |                            |                             |  |  |                                |
| 16. Check  | Appropriate Box To         | Indicate <b>Nat</b> u       | ire of Notice, Report, or  | Other Data                                   |                                |
| Notice of D  | STINITION TO :             | 1                           | 8088   | EQUENT REPORT OF:                            |                                |
| ·  |                            |                             | the amount of the committee of the commi | REPAIRING                                    | WELL                           |
| TEST WATER SHCT-OFF  | FULL OR ALTER CASING       |                             | WATER SHUT-OFF   | ALTERING C                                   | <u>  </u>                      |
| FRACTURE TREAT   | ACLTHUS COMPLETS           | 2.                          | FRACTURE TREATMENT SHOOTING OR ACIDIZING   | ABANDONME                                    |                                |
| SHOOT OR ACIDIZE   | ABANDON*                   |                             |  |  |                                |
| REPAIR WELL.   | CHANGE PLANS               |                             | (Other)(Norm: Report resu  | ilts of multiple completion                  | on Well                        |
| (Other)  17. DESCRIBE PROPOSAL OR COMPLETED proposed work. If well s do  |                            | _!. <del>-</del> ! <u>_</u> |  | mpletion Report and Log fo                   | a of starting and              |
| to and Densilo<br>2-8-73   | g. No cores or             | DST's. N                    | up with rotary to<br>o commercially pr   | ools. Run Induct<br>oductive zones c         | ion-Electrolo<br>of oil or gas |
| 2-10-73 Spot cement  | plugs as follow            | ₩S:                         |  |  | 1                              |
|  |                            |                             | 221  |  | •                              |
|  |                            | -7325' - 1                  |  |  |                                |
| ,  |                            | -5500' <b>- 1</b>           |  |  |                                |
| THE RESERVE  |                            | -3850' <b>- 1</b>           |  |  |                                |
| ZATIVIN -  | 3250                       | -3500' - 2                  |  |  |                                |
| / Wallim   |                            | 223' - 5                    |  |  | ± 1                            |
|  | 10 s:                      | x cement t                  | op of surface.   |  | •                              |
| MARO « 19/3  |                            |                             |  |  |                                |
|  | Well                       | plugged a                   | nd abandoned.  |  |                                |
| COL COM COM  |                            |                             | <u> </u>   | ei.  | •                              |
| DIST. 3  |                            |                             |  | **   |                                |
|  |                            |                             |  |  | • • •                          |
| . —  |                            |                             |  |  | -                              |
| 18. I hereby certify that the forego   | ing is true and correct    | _                           |  | 2 1  | E .72                          |
| SIGNED TEXT  | 17/25/1                    | TITLE Peti                  | roleum Engineer  | DATE   | 5-73                           |
|  |                            |                             |  | · · · · · · · · · · · · · · · · · · ·        |                                |
| A COOP MY TY   | e office usey              |                             |  |  | :                              |
| ACCUAVED   | ON .                       | TITLE                       |  | DATE   |                                |
| CONDITIONS OF APPROVAL,  | F ANY:                     |                             |  |  |                                |
| MAK 0/7/3  |                            |                             |  |  |                                |
| + - <del>-</del>   |                            |                             |  |  |                                |
| JERRY W. LONG  | *S.                        | Instructions of             | n Reverse Side   |  |                                |
| , priv 1 12 2 1 12 12 12 12 12 12 12 12 12 12  | , Jet                      |                             |  |  |                                |

\*See Instructions on Reverse Side

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