

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form Approved.
Budget Bureau No. 12 R1424.
5. LEASE DESIGNATION AND SERIAL NO.
Jicarilla Apache
Cont. No. 117
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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Northwest Production</p> <p>3. ADDRESS OF OPERATOR P. O. Box 990, Farmington, NM 87401</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1500'S, 1190'E</p>		<p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Jicarilla 117 E</p> <p>9. WELL NO. 2A</p> <p>10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33, T-26-N, R-3-W N.M.P.M.</p> <p>12. COUNTY OR PARISH Rio Arriba</p> <p>13. STATE New Mexico</p>
<p>14. PERMIT NO.</p>	<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7386' GL</p>	

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

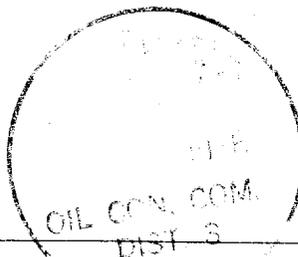
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" 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) <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.)*

06-04-76 TD 6500'. Ran 202 joints 4 1/2", 10.5#, KS production casing, 6488' set at 6500'. Float collar set at 6483', stage tool set at 5182'. Cemented first stage with 528 cu. ft. cement, second stage with 1218 cu. ft. cement. WOC 18 hours. Top of cement at 1300'.

08-13-76 PBSD 6483'. Tested casing to 4000#, OK. Perf'd 5630', 5639', 5673', 5690', 5933', 5943', 5952', 6049', 6066' with 1 shot per zone. Frac'd with 66,000#--20/40 sand and 68,544 gallons water. No ball sets dropped. Flushed with 4116 gallons water.

Perf'd 6112', 6119', 6126', 6149', 6166', 6190', 6229', 6246', 6271', 6348', 6365' with 1 shot per zone. Frac'd with 91,000#--20/40 sand, 93,660 gallons water. No ball sets dropped. Flushed with 4242 gallons water.



RECEIVED
 DISTRICT 3
 AUG 16 1976
 OIL CON. COM.

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

SIGNED A. G. Brees TITLE Drilling Clerk

DATE August 16, 1976

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: