

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT 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 <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. Tract 251 Contract 000154	
2. NAME OF OPERATOR Marathon Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache	
3. ADDRESS OF OPERATOR P. O. Box 2659, Casper, Wyoming 82602		7. UNIT AGREEMENT NAME Jicarilla Apache	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1450' FSL & 790' FEL, Sec. 28, T26N, R5W Unit Letter I		8. FARM OR LEASE NAME Jicarilla Apache	
14. PERMIT NO.		9. WELL NO. 18	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6665' GL, 6677' KB		10. FIELD AND POOL, OR WILDCAT Blanco P. C. South	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T26N, R5W	
		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) <u>Interm Report</u> <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.)*

11-04-76 Ran CBL Log. (Mailed to USGS, 11-15-76) Perforated 4-3/8" Casing in
to Pictured Cliffs Formation from 3094' to 3102' w/24 Hyper II Jets Holes
12-02-76 3 per foot. Sand Fractured Pictured Cliffs w/3000# of 20-40 mesh sand,
followed by 6300# of 10-20 mesh sand. Cleaned up well bore and waiting on
Tefteller, Inc. to run BHP measurements and conduct flow tests.



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

SIGNED Gauld Johnson TITLE District Operations Manager DATE DECEMBER 2, 1976

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____