

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42 R1424.

5. LEASE DESIGNATION AND SERIAL NO.  
Jicarilla Apache Tribal  
Contract #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.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Northwest Production Corp.		8. FARM OR LEASE NAME Jicarilla 117 E	
3. ADDRESS OF OPERATOR Box 90, Farmington, New Mexico 87401		9. WELL NO. 9A	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 950' N, 1520' W		10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33, T-26-N, R-3-W NMPM	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7332' GL		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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input checked="" type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<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.) \*

04-02-77 T.D. 4208'. Ran 102 joints 7", 20#, K-55 intermediate casing, 4197' set at 4208'. Cemented with 186 cu. ft. cement. W.O.C. 12 hours, held 1200#/30 minutes. Top of cement at 3850'.

04-08-77 T.D. 6354'. Ran 73 joints 4 1/2", 10.5#, K-55 casing liner, 2352' set 4002-6354'. Float collar set at 6337'. Cemented with 395 cu. ft. cement. W.O.C. 18 hours.

04-11-77 P.B.T.D. 6337'. Tested casing to 4000#, ok. Perfed 6080-88', 6098-6112', 6124-36', 6146-58', 6168-84', 6194-6210', 6220-28', 6290-98', 6306-14' with 16 shots per zone. Frac'd with 70,000#--20/40 sand and 70,000 gallons water. Dropped 5 sets of 16 balls each. Flushed with 8,316 gallons water.

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

SIGNED *M. G. Drasco* TITLE Drilling Clerk DATE April 14, 1977

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: