

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse 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 <input type="checkbox"/> GAS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> WELL		5. LEASE DESIGNATION AND SERIAL NO. <b>Jicarilla Apache 102</b>
2. NAME OF OPERATOR <b>AMOCO PRODUCTION COMPANY</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <b>Jicarilla Tribe</b>
3. ADDRESS OF OPERATOR <b>501 AIRPORT DRIVE, FARMINGTON, NM 87401</b>		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 <b>880' FSL x 970' FEL, Section 3, T-26-N, R-9-W</b>		8. FARM OR LEASE NAME <b>Jicarilla Apache 102</b>
14. PERMIT NO.		9. WELL NO. <b>24</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>6895' GL</b>		10. FIELD AND POOL, OR WILDCAT <b>Tapacito Pictured Cliffs</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>SE/4 SE/4 Section 3 T-26-N, R-9-W</b>
		12. COUNTY OR PARISH <b>Rio Arriba</b>
		13. STATE <b>NM</b>

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 COMPLETE <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 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"/>	<b>Perforating <input checked="" type="checkbox"/></b>

(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.)\*

9/28/77 Tripped in with tubing tagged cement at 3766', pressured casing to 3400 psi, held 15 minutes, circulated casing, spotted 250 gallons 15% HCL acid 3632 to 3702, tripped out with tubing, perforated 3632-3702 with 1 SPV. Fractured with 245,000 lb sand in 122,500 gallons frac fluid. Breakdown pressure 600 psi, AIR 40 RPM. Maximum treating pressure 2600 psi average treating pressure 2500 psi ISIP 1800 10 min. shut in 1600. Tripped in with tubing, tagged sand 3680', cleaned out sand to 3766', landed tubing at 3714'.

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

SIGNED *E. E. Svoboda* TITLE Area Adm. Supvr. DATE 10/20/77

(This space for Federal or State office use)

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