

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYForm 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 Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other
2. NAME OF OPERATOR
Palmer Oil & Gas Company
3. ADDRESS OF OPERATOR
P. O. Box 2564, Billings, Montana 59103
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1820' FSL, 1500' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Status Report

SUBSEQUENT REPORT OF:

- ☐
☐
☐
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☐
☐
☐
☐

5. LEASE Joint Venture
6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Apache-JVA
9. WELL NO. #7
10. FIELD OR WILDCAT NAME Blanco-Mesaverde
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA NW 1/4 Sec 17-27N-2W
12. COUNTY OR PARISH Rio Arriba
13. STATE New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD) 7238' GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

Well spudded at 11:00 PM on 5/11/79. Ran 9-5/8" casing to 345' KB and cemented with 275 sx Class "B", 3% CaCl and 1/4#/sx Celloflake. Circulated cement to surface. Plug down at 7:30 AM on 5/12/79.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED Grace F. Brown TITLE Ass't Secretary DATE 5/14/79

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____