

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(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 type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. Contract 236	
2. NAME OF OPERATOR HENSON-MONTIN-GREER DRILLING CORP.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache	
3. ADDRESS OF OPERATOR 158 Petroleum Center Building, Farmington, New Mexico		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 1815' FNL, 825' FEL, Sec. 25, T-27N, R-1W		8. FARM OR LEASE NAME Jicarilla 236	
		9. WELL NO. 1 (H-25)	
		10. FIELD AND POOL, OR WILDCAT Puerto Chiquito	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T-27N, R-1W	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7235' RKB	12. COUNTY OR PARISH Rio Arriba	13. STATE New Mexico

18. 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:

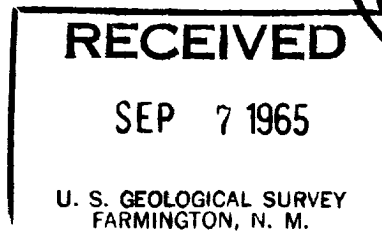
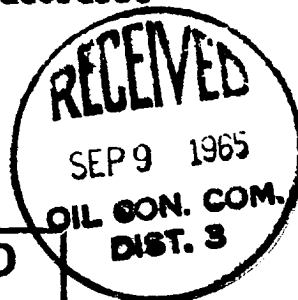
WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)*

12-15-64 TD 99' RKB. Set 3 joints 94' of 10-3/4" OD 32.75# H-40 casing at 96' RKB with 100 sacks cement, circulated.

5-19-65 Pressured up on casing to 500#. No pressure decrease in 30 minutes.



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

SIGNED [Signature] TITLE Vice-President DATE 9-3-65

(This space for Federal or State office use)

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