BU

22

UNITED STATES SUBMIT IN TRIPLICATE* Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

GEOLOGICAL SURVEY	continee 522		
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for propesals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache;		
L GAS ELL WELL OTHER ME OF OPERATOR	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME		
ISON-MONTIN-GREER DRILLING CORP.	Jicarilla 235		
PETROLEUT CHATER BUILDING, FARMINATON, NEW MIXICO	1 (P-13) 10. FIELD AND POOL, OR WILDCAT		
OCATION OF WELL (Report location clearly and in accordance with any State requirements.* see also space 17 below.) t surface	Wildest		
or: mer hor: per gen 13. T-27M. R-1V	11. SEC., T., R., M., OR BLE. AND SURVEY OR ARBA		

825' PSL, 495' PEL, Sec. 13, T-27N, R-1W

Sec. 13, T-27N, R-1W

15. ELEVATIONS (Show whether DF, RT, GR, etc.) 14. PERMIT NO. 7132' OR

12. COUNTY OR PARISH 13. STATE Rio Arriba

Hew Mexico

16.

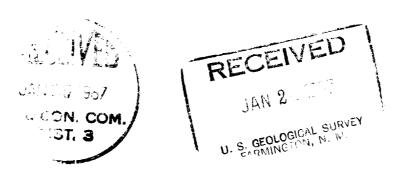
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: REPAIRING WELL WATER SHUT-OFF PULL OR ALTER CASING TEST WATER SHUT-OFF ALTERING CASING FRACTURE TREATMENT MULTIPLE COMPLETE FRACTURE TREAT ABANDON MENT* SHOOTING OR ACIDIZING ARANDON* SHOOT OR ACIDIZE CHANGE PLANS (Other) REPAIR WELL (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OF 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.) *

TD 175' RKB. Set 5 joints 160' of 10-3/4" 9D 32.75# H-40 8-24-66 casing at 175' RKB with 150 sacks regular coment.

Pressured up on casing to 500#. No pressure decresse in 30 minutes.



18. I hereby certify that the foregoing is	true and correct	Engineer	DATE _	1-23-67
(This space for Federal or State office	e use)			
APPROVED BY	TITLE		DATE	· · · · · · · · · · · · · · · · · · ·