

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 WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NE - 0572
2. NAME OF OPERATOR Lincoln Oil Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
3. ADDRESS OF OPERATOR 501 Lincoln Tower Building, 1860 Lincoln St., Denver, Colo. 80203		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 Unit Letter "F" - 850' s/south & 1600' s/west 11ms Sec. 3		8. FARM OR LEASE NAME Graham "F" 111 Federal
14. PERMIT NO. Mr. Sealing, 10/14/68		9. WELL NO. 6
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5851' GE. ungraded		10. FIELD AND POOL, OR WILDCAT Se. 11ms - Pictured Cliffs
		11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA Sec. 3-T1N-2W
		12. COUNTY OR PARISH San Juan
		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 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)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input 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)	Setting surface casing		<input checked="" 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.)*

Spud w/rotary tools @ 6:00 p.m. 10/24/68. Dr/d 12-1/4" hole to 800'. Set 2-5/8" OD 2 1/2 J-55 casing @ 191', ground was., cemented w/ 175 sacks Class "A" cement, 2% CaCl₂. Plug down 1:35 p.m. 10/25/68. WCC. Tested casing & HP @ 800' s/ 30 min., O.I. Dr/d out.

10/26/68 - Dr/d ahead @ 900'.



RECEIVED

OCT 29 1968

U. S. GEOLOGICAL SURVEY
FARMINGTON, N.M.

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

SIGNED M. E. Brown TITLE Chief Office Clerk DATE Oct. 26, 1968
H. L. Brown

(This space for Federal or State office use)

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