

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 checked="" type="checkbox"/> OTHER | 5. LEASE DESIGNATION AND SERIAL NO. SF-078481A |
| 2. NAME OF OPERATOR Great Lakes Chemical Corporation | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR Minerals Management Inc., Suite 105, 501 Airport Drive, Farmington, New Mexico 87401 | 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 | 8. FARM OR LEASE NAME Graham |
| | 9. WELL NO. 3 |
| | 10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 3, T27N, R8W |
| 14. PERMIT NO. | 12. COUNTY OR PARISH San Juan |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5888' GR 5900' KB | 13. STATE N.M. |

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

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|---|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) Production Casing <input checked="" 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.)*

5-21-77 Ran 115 jts (4686') 5 1/2"-15.5#, K-55, ST&C CSG. set at 4650'. Cemented in two stages. First stage: 135 sx 65-35 Poz, 6% Gel, 10# Gilsonite/sx tailed in w/100 sx Class "B", 10% salt. Good circulation throughout. Plug down at 5:30 a.m.

5-22-77 Cemented second stage w/550 sx 65-35 Poz, 6% Gel, 10# Gilsonite/sx tailed in w/100 sx Class "B", 10% salt. Good circulation throughout. Plug down at 10:30 a.m.



MAY 24 1977

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

SIGNED

TITLE

Area Manager

Minerals Management Inc. DATE May 23, 1977

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side