

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. Jicarilla 481	
2. NAME OF OPERATOR Union Oil Company of California		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla	
3. ADDRESS OF OPERATOR P. O. Box 2620 - Casper, Wyoming 82601		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 783' FNL & 2310' FWL		8. FARM OR LEASE NAME Jicarilla	
14. PERMIT NO.		9. WELL NO. 1 (C-20)	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7299' G.L.		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T.28N., R.1W.	
		12. COUNTY OR PARISH Rio Arriba	
		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) <input type="checkbox"/>	

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) <input checked="" type="checkbox"/> Supplementary Well History	

(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.) *

7700' T.D.

S.I. pressure 1615 psi per 359-1/4 hours on 11-26-73. Opened well on various chokes. Flowing C.P. after 3-1/4 hours 1570 psi at 4 bbls/hr. rate. Left well open on 8/64" choke/17-1/2 hours. Recovered 19 bbls. oil.

Flowed 11-27-73 to 12-11-73, recovered 1663 BLO.

Ran 225 joints of 2-7/8", J-55, 8RD, EUE, production tubing at 7167.43' K.B.

Ran sucker rods and pumped 12-27-73 to 1-9-74. Recovered 286 BLO. 3511 BLO due.

Well shut-in pending further evaluation.



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

SIGNED R. L. Clemons TITLE District Drilling Engineer DATE 1-11-74

(This space for Federal or State office use)

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

*See Instructions on Reverse Side