

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.  
**USA NM-10183**  
6. INDIAN, ALLOTTEE OR TRIBE NAME

**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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <b>Dual gas-gas</b>                                                     |  | 7. UNIT AGREEMENT NAME                                                        |  |
| 2. NAME OF OPERATOR<br><b>Palmer Oil &amp; Gas Company</b>                                                                                                                    |  | 8. NAME OF LEASE NAME<br><b>Federal</b>                                       |  |
| 3. ADDRESS OF OPERATOR<br><b>P. O. Box 2564, Billings, Montana 59103</b>                                                                                                      |  | 9. WELL NO.<br><b>1</b>                                                       |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any state requirements.*<br>(See also space at below)<br>At surface<br><b>320' FEL, 1525' ESL (NE SE)</b> |  | 10. FIELD AND POOL, OR WILDCAT<br><b>Basin Dakota -<br/>Blanco Mesa Verde</b> |  |
| 14. PERMIT NO.                                                                                                                                                                |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br><b>Sec. 1-T31N-R13W</b>   |  |
| 15. ELEVATIONS (Show whether FE, AT, OR, ETC.)<br><b>5785' GR</b>                                                                                                             |  | 12. COUNTY OR PARISH<br><b>San Juan</b>                                       |  |
|                                                                                                                                                                               |  | 13. STATE<br><b>New Mexico</b>                                                |  |

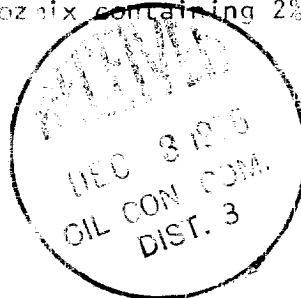
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO: |                          | SUBSEQUENT REPORT OF:                                                                                 |                          |
|-------------------------|--------------------------|-------------------------------------------------------------------------------------------------------|--------------------------|
| TEST WATER SHUT-OFF     | <input type="checkbox"/> | WATER SHUT-OFF                                                                                        | <input type="checkbox"/> |
| FRACURE TREAT           | <input type="checkbox"/> | FRACURE TREATMENT                                                                                     | <input type="checkbox"/> |
| SHOOT OR ACIDIZE        | <input type="checkbox"/> | SHOOTING OR ACIDIZING                                                                                 | <input type="checkbox"/> |
| REPAIR WELL             | <input type="checkbox"/> | (Other) <b>Results of casing program</b>                                                              | <input type="checkbox"/> |
| (Other)                 | <input type="checkbox"/> | (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) | <input type="checkbox"/> |

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.)\*

In compliance with our plans submitted August 27, 1976, the following strings of casing were set in the captioned well:

- 9/23/76 10-3/4", 40.5# landed at 315' KB and cemented with 300 sx Class "B" containing 2% calcium chloride. Circulated approximately 25 bbls. to surface.
- 9/30/76 7-5/8", 26.40# landed at 3939' KB and cemented with 765 sx 65/35 Pozmix containing 6% gel and 100 sx Type "B" containing 2% calcium chloride.
- 10/8/76 5-1/2", 14# liner set with JTW liner hanger from 6895' KB to 3776' KB and cemented with 350 sx 50/50 Pozmix containing 2% gel. Top of cement from temperature survey 4000'.



DEC 2 1976

U.S. GEOLOGICAL SURVEY

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

SIGNED Harold W. Elledge TITLE Consulting Petroleum Engineer DATE 11/30/76  
 (This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 CONDITIONS OF APPROVAL, IF ANY: