

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

<p align="center"><b>SUNDRY NOTICES AND REPORTS ON WELLS</b></p> <p align="center">(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.)</p>		<p>5. LEASE DESIGNATION AND SERIAL NO. <b>Tribal Lease #317</b></p>
<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p>		<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME <b>Jicarilla</b></p>
<p>2. NAME OF OPERATOR <b>Sentinel Petroleum Corporation</b></p>		<p>7. UNIT AGREEMENT NAME <b>Tract #13</b></p>
<p>3. ADDRESS OF OPERATOR <b>1700 Broadway, Suite 517, Denver, Colorado 80202</b></p>		<p>8. FARM OR LEASE NAME <b>Jicarilla-Abel</b></p>
<p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>790' FEL and 990' FSL of SE<math>\frac{1}{4}</math> Sec. 30</b></p>		<p>9. WELL NO. <b>#4</b></p>
<p>14. PERMIT NO.</p>		<p>10. FIELD AND TOOL, OR WILDCAT <b>South Blanco-P.C.</b></p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.)</p>		<p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>30-24N-4W</b></p>
<p>12. COUNTY OR PARISH <b>Rio Arriba</b></p>		<p>13. STATE <b>N.M.</b></p>

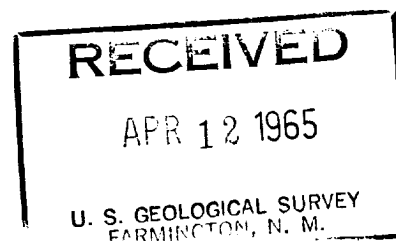
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	(Other) _____	(Other) _____

(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.)\*

LOCATION ABANDONED - #4 JICARILLA-ABEL.



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

SIGNED C. W. Shula Jr TITLE Geologist DATE April 9, 1965

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side