

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

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 type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR READING & BATES PETROLEUM CO.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME JICARILLA TRIBE	
3. ADDRESS OF OPERATOR 2200 Mid-Continent Tower Tulsa, OK 74103		7. UNIT AGREEMENT NAME JICARILLA APACHE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650'FNL 1650'FEL		8. FARM OR LEASE NAME JICARILLA APACHE	
14. PERMIT NO.		9. WELL NO. #3-1	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 7265 GR		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 3 T23N R2W	
		12. COUNTY OR PARISH Rio Arriba	13. STATE NM

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 COMPLETION	<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"/>		<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 checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>		<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.)*

Location has been restored and is ready for inspection.

RECEIVED
BLM MAIL ROOM
87 JUL 27 AM 9:37
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

ACCEPTED FOR RECORD

AUG 03 1987

RECEIVED

AUG 04 1987

OH CON. DIV.
BUT. 3

FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO
BY *[Signature]*

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

SIGNED

Matthew C. Fisher

TITLE Sr. Engineer Technician

DATE 7-23-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side