

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 43-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 5975

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Taylor Ranch

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

wildcat *Mancha*

11. SEC., T., R., N., OR BLK. AND
SURVEY OR AREA

Sec. 26, T21N, R3W

12. COUNTY OR PARISH 13. STATE

Sandoval Co., New Mexico

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Guadalupe Exploration Corporation

3. ADDRESS OF OPERATOR

P. O. Box 2087, Scottsdale, AZ 85252

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

600' from N & I line, NE4, NE4, Sec. 26, T21N, R3W
Sandoval County, New Mexico

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, OR, etc.)

Gr. + 7086'

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

During the week of March 10, 1974, we will frac using 1,000 bbls. of
crude oil together with 31,500 lbs. sand with a planned injection rate
of 20 bbls. per minute.

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

SIGNED

Edward M. Sube, Sr.

(This space for Federal or State office use)

TITLE President

DATE March 8, 1974

APPROVED BY

CONDITIONS OF APPROVAL IF ANY

TITLE

DATE

*See Instructions on Reverse Side