	TED STATES	SUBMIT IN TRIPLICATE*	Form approved. Budget Bureau No. 42 R1424. LEASE DESIGNATION AND SERIAL NO.
-	T OF THE INTERI	OR verse side)	
GEOL	OGICAL SURVEY		66 . IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES	AND REPORTS C	ON WELLS	. IF INDIAN, ALLOTTEE OR TRIBE NAME
(Do not use this form for proposals to Use "APPLICATION	FOR PERMIT—" for such pr	roposais.)	Jicarilla Apache
			. UNIT AGREEMENT NAME
OIL GAS			
		- 8	FARM OR LEASE NAME
2. NAME OF OPERATOR			** *11 00
	tal Oil Company		Jicarilla 28
3. ADDRESS OF OPERATOR		ļ *	. WELL NO.
152 North	n Durbin, Casper,	Wyo. 82601	4
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.			O. FIELD AND POOL, OR WILDCAT
See also space 17 below.) At surface			Indesignated Gallup Indesignated Dakota
tori mu	7/01 TTT /11-1+		1. SEC., T., E., M., OR BLK. AND SURVEY OR AREA
485' FNL	, 760' FWL (Unit	Letter D)	SURVET OR AREA
			Sec. 34, T25N, R4W
			2. COUNTY OR PARISH 13. STATE
14. PERMIT NO. 15.	ELEVATIONS (Show whether DF	, h., da, coo.)	
	6909' Gr., 692	2' RB	Rio Arriba New Mexico
	D T. I. diame. N	lating of Notice Pagest or Oth	er Data
16. Check Approp	strate box to indicate is	lature of Notice, Report, or Oth	lei Daia
NOTICE OF INTENTION	TO:	SUBSEQUEN	T REPORT OF:
			REPAIRING WELL
TEST WATER SHUT-OFF PULL	OB ALTER CASING	WATER SHUT-OFF	
FRACTURE TREAT MULTI	PLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE ABANI	ON*	SHOOTING OR ACIDIZING	ABANDONMENT*
BEPAIR WELL CHANG	E PLANS	(Other) Change Produc	cing Method X multiple completion on Well
(Other)		Completion or Recompleti	on Report and Log form.)
Removed HRP packer and common well bore and pr	MMA mandrels, Gal oducing through s	lup and Dakota product single tubing string by	ion commingled in plunger lift.
		· .	
NMOGCC Administrative O	rder No. DHC-62,	dated 9-28-70	-
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			ners a a sono
			BEG 3 0 12/0 /
•		\	OH COM POM /
		\	OIL CON. COM.
. -			DIST. 3
USGS Durango(6) File			
18. I hereby certify that the foregoing is tru	e and correct		
		miniatrative Cumervicar	12-2-70
SIGNED J. W. W.	TITLE Adi	ministrative Supervisor	DATE 12-2-70
(This space for Federal or State office us	ie)		
APPROVED BY	TITLE		DATE
CONDITIONS OF APPROVAL, IF ANY:		• *	•

*See Instructions on Reverse Side

At.