

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

3. Lease Designation and Serial No.  
JICARILLA CONTRACT #70

6. If Indian, Alliance or Tribe Name

JICARILLA APACHE

7. If Unit or CA, Agreement Designation

J: C 70

8. Well Name and No.

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9. API Well No.

10. Field and Pool, or Exploratory Area

S. LINDRITH GALLUP DAKOTA

11. County or Parish, State

RIO ARRIBA, NEW MEXICO

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well  Gas Well  Other

Choco oil W.

2. Name of Operator

GOLDEN OIL COMPANY ATTENTION: DARRYL EMMERT PHONE 713 622 8492

3. Address and Telephone No.

550 POST OAK BOULEVARD SUITE 550 HOUSTON TX 77027

4. Location of Well (Postage, Sec., T., R., M., or Survey Description)

1935' SL AND 675' EL SEC 33 T24N R4W

12 CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

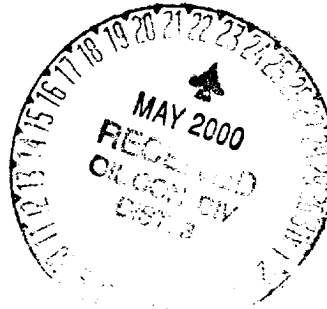
TYPE OF SUBMISSION	TYPE OF ACTION		
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans	
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Resumption	<input type="checkbox"/> New Construction	
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing	
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off	
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection	
	<input checked="" type="checkbox"/> Other WORKOVER	<input type="checkbox"/> Dispose Water	

(Note: Report results of multiple completions on Well Completion or Resumption Report and Log form.)

13. 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.)

PROPOSED ACTION: CHEMICALLY STIMULATE WELL WITH 100 GALLONS 15% HCL AND 10 GALLONS SOAP.

RETURN WELL TO PRODUCTION. PROPOSED ACTION TO TAKE PLACE WITHIN 90 DAYS.



991004-1000-0135

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

Sign Billy Martin

Title OPERATOR'S REPRESENTATIVE

Date 10/28/99

(This space for Federal or State office use)

Lands and Mineral Resources

Approved by [Signature]

Title

Date 5/22/00

Conditions of approval, if any:

Return to Production by 7/22/00

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See instruction on Reverse Side