

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

CONTRACT 287

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

JICARILLA TRIBAL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

JICARILLA

9. WELL NO.

287 #2

10. FIELD AND POOL, OR WILDCAT

PUERTO CHIQUITO

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

SEC. 28, 27N, 1E

12. COUNTY OR PARISH

13. STATE

RIO ARriba

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

S & B DRILLING COMPANY

3. ADDRESS OF OPERATOR

158 PETROLEUM CENTER BLDG., FARMINGTON, NEW MEXICO

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

530' FNL, 1850' FWL, SEC. 28, T-27N-R-1E

RIO ARriba COUNTY, NEW MEXICO

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7027 GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

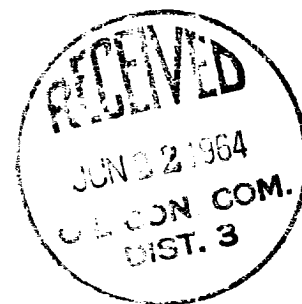
ABANDONMENT*

(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.)*

FUNDINGSLAND #12 C-28-27N-1E - NUMBER CHANGED TO JICARILLA 287 #2



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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side