

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Form approved.  
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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 240
2. NAME OF OPERATOR Holcomb Oil and Gas, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
3. ADDRESS OF OPERATOR P.O. Box 2058, Farmington, New Mexico 87499		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit J 2310' FSL x 2310' FEL		8. FARM OR LEASE NAME Jicarilla 240
14. PERMIT NO.		9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, GR, etc.) DF - 7237' GL - 7226'		10. FIELD AND POOL, OR WILDCAT Boulder Mancos
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 26, T28N R1W
		12. COUNTY OR PARISH Rio Arriba
		13. STATE New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

X (Other) Return to producing status (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.)\*

1-4-88 Commence operations to return well to producing status.  
1-8-88 Cleaning out open hole @ 3883' KB x twist off bit jars  
x 6 - 3-1/8" drill collars.  
1-9-88 Attempt to retrieve fish.  
1-22-88 Suspend fishing operations.

Presently waiting on W/O approval for further work.

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

SIGNED W. J. Holcomb  
(This space for Federal or State office use)

TITLE President

ACCEPTED FOR RECORD  
DATE

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

SEP 14 1989  
DATE

FARMINGTON RESOURCE AREA

BY SM

\*See Instructions on Reverse Side