

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. Contract #489	
2. NAME OF OPERATOR J. M. HUBER CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME JICARILLA-APACHE	
3. ADDRESS OF OPERATOR 7120 I-40 West, Suite 232, Amarillo, Texas 79106		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 SE NW (1850' FNL & 1670' FWL)		8. FARM OR LEASE NAME JICARILLA-APACHE	
14. PERMIT NO.		9. WELL NO. 16-1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7219' KB		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 16-T28N-R2W	
		12. COUNTY OR PARISH Rio Arriba	
		13. STATE NM	

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) Status <input type="checkbox"/>	(Other) <input checked="" type="checkbox"/>

(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.)*

Well was completed 11/27/74 for 59 MCFD from the Pictured Cliffs Formation and 142 MCFD from the Dakota.

Classified as Shut-In Gas Well on 3-5-81.

Subject well is located ± 5 miles from nearest pipeline; producing rates are not sufficient to justify a gas connection at this time. It is requested that the well be classified as a long-term shut-in.

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

SIGNED [Signature]

TITLE District Production Mgr.

DATE 10/7/87

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE APPROVED

*See Instructions on Reverse Side