

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

SF-047039 (B)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Petroleum Corporation of Texas Att: Fred Duesser		8. FARM OR LEASE NAME Day "J"	
3. ADDRESS OF OPERATOR P. O. Box 911, Breckenridge, Texas 76024		9. WELL NO. 3-R	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 790'FSL, 790'FEL		10. FIELD AND POOL, OR WILDCAT Fulcher Kutz Pictured Cliffs	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8-T28N-R10W N.M.P.M.	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5789'GR, 5799'DF, 5800'KB		12. COUNTY OR PARISH San Juan	
		13. STATE NM	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input checked="" type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(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.)*

5-27-78 Spud well

5-27-78 T.D. 140'
Ran 3 jts., 8-5/8", 24.0 lb, K-55 casing (126.70') set at 137.70' with 100 sacks Class "B" cement with 3% Calcium Chloride and 1/4 lb. Flocele per sack, cement circulated. Test with 500 psig. Test O.K.

5-30-78 T.D. 2146'
Ran 65 jts, 4 1/2", 10.50 lb, K-55 casing (2105.00') set at 2115.00' with 100 sacks 65/35 Pozmix (12% Gel) with 6 1/4 lbs. Gilsonite per sack followed by 250 sacks 50/50 Pozmix with 6 1/4 lbs. Gilsonite per sack, Cement circulated

RECEIVED

For: Petroleum Corporation of Texas

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

SIGNED Ewell N. Walsh, P.E.

President, Walsh Engr. & Production Corp.

DATE 6-6-78

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____