

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

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 <input checked="" type="checkbox"/> GAS <input type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION AND SERIAL NO. MOO-C-1420-1949 |
| 2. NAME OF OPERATOR Caribou Four Corners, Inc. | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Mtn. Ute |
| 3. ADDRESS OF OPERATOR Transwestern Life Building, Room 219 404 N. 31st Street - Billings, Montana 59101 | | 7. UNIT AGREEMENT NAME None |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1850' FNL - 2000' FWL Sec.10 - T31N - R15W | | 8. FARM OR LEASE NAME Ute Mtn. Ute |
| 14. PERMIT NO. | | 9. WELL NO. No.1 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5780 GR 5782 KB | | 10. FIELD AND POOL, OR WILDCAT Verde Gallup |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE NW Sec.10-T31N-R15W N.M.P.M. |
| | | 12. COUNTY OR PARISH San Juan |
| | | 13. STATE New Mexico |

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) <input type="checkbox"/> | |

SUBSEQUENT REPORT OF:

| | |
|--|--|
| WATER SHUT-OFF <input 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) <input checked="" type="checkbox"/> Well History | |

(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.) *

9-28-79 Moved in completion rig, ran tubing and circulated hole with 1% KCl water.

9-29-79 Spot 300 gal. 15% HCl and perf. Gallup zone at 1927, 28, 30, 32, 34, 36, 37, 43, 44, 1959, and 2 shots per foot from 1949-53. Fracked well with 48,000 Gals. 1% KCl water, 30#/1000 gal gel, 20#/1000 gal WAC-10, 1 Gal/1000 gal Frack flow II and 3 gal/1000 gal Morflo II containing 40,500 lbs 20/40 sand and 10,000 lbs 10/20 sand. Ave inj. rate 44 bpm. Ave trt. press. 2100 psi. Max. trt. press. 2400 psi. ISIP 250 psi.

9-30-79 Shut down. 10-1-79 Ran 2 3/8" tubing set at 1929'. Started swabbing Frac water. 10-3-79 to 10-8-79 Swabbing frac water. Good show of oil on 10-6-79., 10-7-79 Shut down. 10-8-79 ran rods and insert pump. Waiting for pumping unit to be installed.

11-15-79 Started pumping, well on pump at approx. 4:00 P.M. (Testing).

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

SIGNED

Ashton B. Geren, Jr.
Ashton B. Geren, Jr.

TITLE

Geological Consultant

for: Caribou Four Corners

DATE

Dec.17, 1979

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: