

NMOCC - ARTESIA  
 NMOCC - BOBBS  
 BLM - SANTA FE

UNITED STATES  
 DEPARTMENT OF THE INTERIOR  
 GEOLOGICAL SURVEY

SUMMARY 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.)

NAME OF WELL  
 NUMBER OF COLUMNS AND SERIAL NO.  
 OF THE INDIAN, RESIDENT OR TRIBE NAME

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
*Indian Petroleum Corp.*

3. ADDRESS OF OPERATOR  
*1000 N. 1st St. Santa Fe, N.M.*

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also page 17 below.)  
 At surface  
*1730' FEEL IN 300' FEEL, SEC. 17 (UNIT I, NE 1/4, SE 1/4)*

7. FIRM OR INDENT NAME  
 8. FIRM OR LEAST NAME  
*INDIAN PETROLEUM FEDERAL*

9. WELL NO.  
*3*

10. FIELD AND FOOT, OR WILDCAT  
*Indian Petroleum*

11. COUNTY OR PARISH AND NEARBY OR AREA  
*SANTA FE COUNTY, N.M.*

12. COUNTY OR PARISH  
*SANTA FE*

13. STATE  
*N.M.*

14. PERMIT NO.  
 15. ELEVATIONS (Show whether DF, RT, CR, etc.)  
*4167.5 NDB*

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 checked="" 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) <i>Completion of Well</i>	
(Other) <input type="checkbox"/>		(Note: Report results of multiple completion on Well Completion or Abandonment 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.)

*On 1-11-68, 4 1/2" OD 9.5" I-55 casing was set at 3576' (TD) of 300 cu. in. liner neck. Tested casing of 3000 psi for 30 minutes. Test O.K. Perforated 3524'-32, 3533'-30, w/ 2-TSPF. Acidized w/ 3000 gal. 28%. Overflushed w/ 3000 gal. treated water. Evaluated.*

*On P.T., record 136 BOX 61 BLW in 17 how.c.*

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

SIGNED *[Signature]* TITLE *Area Engineer* DATE *1-17-68*

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:  
*1-17-68 - ROSSER*

ACCEPTED FOR RECORD  
*J. N. Sutherland*  
 District Engineer

\*See Instructions on Reverse Side

RECORDED