

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Tribal Lease #317

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla

7. UNIT AGREEMENT NAME

Tract #13

8. FARM OR LEASE NAME

Jicarilla-Abel

9. WELL NO.

#7

10. FIELD AND POOL, OR WILDCAT

South Blanco-P.C.

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

32-24N-4W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

N. M.

1. OIL ☐ GAS ☒ OTHER ☐  
WELL WELL

2. NAME OF OPERATOR

Sentinel Petroleum Corporation

3. ADDRESS OF OPERATOR

1700 Broadway, Suite 517, Denver, Colorado 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface1190' FNL; 790' FWL of NW $\frac{1}{4}$  of Sec. 32

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON\* ☐CHANGE PLANS ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐

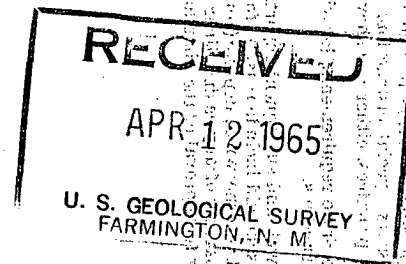
(Other)

REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT\* ☐(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.)\*

PLEASE CHANGE WELL DESIGNATION FROM #7 JICARILLA-ABEL

to #4 JICARILLA-ABEL.



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

SIGNED

TITLE

Geologist

DATE

4/9/65

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side