

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse 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.)

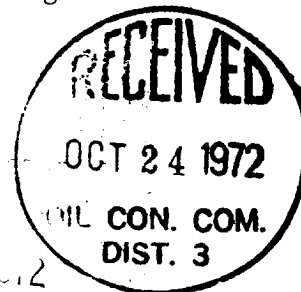
1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Tribal #161, Tr.
2. NAME OF OPERATOR Pubco Petroleum Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME #262 Jicarilla Apache
3. ADDRESS OF OPERATOR P. O. Box 869, Albuquerque, New Mexico 87103		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 1850' FWL & 1850' FSL of Section 16-23N-2W		8. FARM OR LEASE NAME Jicarilla
14. PERMIT NO. --		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7322' GL		10. FIELD AND POOL, OR WILDCAT South Blanco Pictured Cliffs
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 16-23N-2W
		12. COUNTY OR PARISH Rio Arriba
		13. STATE New Mexico

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) Spud & Surface Casing <input type="checkbox"/>	
(Other) <input 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.)*

Spudded @ 9 A.M. 9/22/72. Ran 3 joints (130') 8-5/8" 20#, H-40 casing. Landed at 142'. Cemented with 100 sxs. Class A 2% CaCl₂. Cement circulated. P.D. @ 3 P.M. 9/22/72. Tack-welded collars in four quadrants on bottom two joints. Used thread lock on bottom 2 joints. Cement set approximately 3 weeks. Moved on Rotary 10/12/72 and started drilling @ 4 P.M. Tested BOP and casing to 1000# for 30 minutes before drilling out.

U. S. GEOLOGICAL SURVEY
DURANGO, COLO.

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

SIGNED Charles W. Sanders TITLE Area Production ManagerDATE 10/2/72

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

*See Instructions on Reverse Side