

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 WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. CONTRACT #162-JICARILLA	
2. NAME OF OPERATOR SHERMAN F. WAGENSELLER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME JICARILLA	
3. ADDRESS OF OPERATOR 3BRANA CORPORATION, 320 GOLD AV. S.W., #1223, ALBUQ, NM 87102		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 890' FNL and 990' FWL		8. FARM OR LEASE NAME MOBIL APACHE 21	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7404GR		10. FIELD AND POOL, OR WILDCAT SOUTH BLANCO PC	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 21-T23N-2W	
		12. COUNTY OR PARISH SANDOVAL	
		13. STATE NM	

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) <u>ATTACHED LETTER</u>	
(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.)*

API NUMBER 30-043-20665

THIS WELL HAS BEEN PRODUCING TO EL PASO'S GAS SYSTEM SINCE MARCH 12, 1990.

THIS WELL HAS BEEN PRODUCING CONTINUOUSLY SINCE THAT TIME AND IS PRESENTLY PRODUCING.

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

SIGNED Morris B. Jones TITLE MORRIS B. JONES, ENGINEER DATE 02-13-95
(This space for Federal or State office use)
APPROVED BY David B. Smith TITLE Chief, Lands and Mineral Resources DATE MAR 14 1995
CONDITIONS OF APPROVAL, IF ANY