

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	5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR NORTHWEST PRODUCTION CORPORATION	6. IF INDIAN, ALLOTTEE OR TRIBE NAME JICARILLA CONT #126
3. ADDRESS OF OPERATOR P. O. BOX 1796, EL PASO, TEXAS 79949	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  990' FNL, 990' FWL, Sec 11-T24N-R4W, Unit D	8. FARM OR LEASE NAME S
14. PERMIT NO.	9. WELL NO. 10
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6789 GR	10. FIELD AND POOL, OR WILDCAT SOUTH BLANCO PC
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 11-T24N-R4W
	12. COUNTY OR PARISH 13. STATE RIO ARriba NEW MEXICO

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

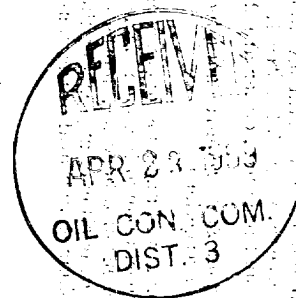
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) Amended

(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.)\*

TD 3080'. Propose to plug 4½" OD csg from 2990' to 2491' to cover Ojo Alamo formation. Will squeeze bradenhead with 50 sacks and place 10 sack plug in top of casing and place dry hole marker on well. Proposed date May 15, 1969.



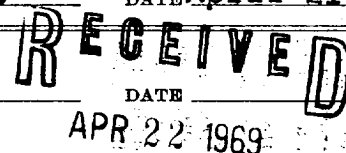
18. I hereby certify that the foregoing is true and correct

SIGNED Charles E. Weaver TITLE Mgr., Prod. Oper. DATE April 21, 1969

(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL, IF ANY:



\*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY  
DURANGO, COLO.