

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT -" for such proposals.

SUBMIT IN TRIPLICATE

1. Type of Well: ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator
FOUR STAR OIL AND GAS COMPANY

3. Address and Telephone No.
3300 N. Butler Ave., Suite 100 Farmington NM 87401 325-4397

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit Letter L : 1850 Feet From The SOUTH Line and 1190 Feet From The
WEST Line Section 21 Township T25N Range R05W

5. Lease Designation and Serial No.
JIC 34

6. If Indian, Allottee or Tribe Name
JICARILLA

7. If Unit or CA, Agreement Designation

8. Well Name and Number
JICARILLA C
35

9. API Well No.
3003923433

10. Field and Pool, Exploratory Area
LINDRITH GALLUP-DAKOTA, WEST

11. County or Parish, State
RIO ARRIBA , NM

12. Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> OTHER: SET CASING	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)

13. 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.)

FOUR STAR OIL & GAS CO. REQUESTS APPROVAL FOR THE FOLLOWING:

SET 3-1/2" PRODUCTION CASING IN THE RECENTLY DRILLED HORIZONTAL SECTION OF THE WELL. SET AT 8670' (MD), 6187' (TVD). CEMENT TO 5687'(MD) WHICH IS APPROX. 300' ABOVE K.O.P. PERFORATE AND FRACTURE TREAT TO COMPLETE.

RECEIVED
MAR 19 1996
OIL CON. DIV.
DIST. 3

3/11/96

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

SIGNATURE Ted A. Tipton TITLE Operating Unit Manager DATE 3/8/96

TYPE OR PRINT NAME Ted A. Tipton

(This space for Federal or State office use)

APPROVED Don R. Ste... Chief, Lands and Mineral Resources

CONDITIONS OF APPROVAL, IF ANY: _____ DATE MAR 18 1996