

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-0557389	
2. NAME OF OPERATOR Harry L. Bigbee		6. IF INDIAN, ALLOTTEE OR TRIBE NAME X	
3. ADDRESS OF OPERATOR P.O. Box 669, Santa Fe, New Mexico 87501		7. UNIT AGREEMENT NAME X	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FNL and 1980' FWL Sec. 12 TWP.24N Rge 8W		8. FARM OR LEASE NAME Nancy	
14. PERMIT NO.		9. WELL NO. # 4	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GL 7287		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 12-24N-8W	
		12. COUNTY OR PARISH San Juan	13. STATE N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input checked="" type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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.) *

SET MODEL N PACKER AT 6230
Perforate 6184 to 6194 two (2) holes per foot.
Acidize with 15% 250 gallons
Water sand frack with 10,000 Lbs. 20-40
Swab well in.
Drill plug at 6230 and 6950, swab well and put back on production.
Work to be started approx. 9-18-68.



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

SIGNED J. A. Flint TITLE Prod. Supt. DATE Sept. 12, 1968

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE **RECEIVED**

CONDITIONS OF APPROVAL, IF ANY:

SEP 13 1968

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY
WASHINGTON, D. C.