

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-B1424.

NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. "APPLICATION FOR PERMIT—" for such proposals.)	
1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. NM-19567
2. NAME OF OPERATOR Oklahoma Oil Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Suite 1120, One Energy Square, Dallas, Texas 75206	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 1450' FNL & 1500' FWL	8. FARM OR LEASE NAME French Wash
	9. WELL NO. 2
	10. FIELD AND POOL, OR WILDCAT Potwin P. C.
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 8, T24N, R8W
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6866 GL
	12. COUNTY OR PARISH San Juan
	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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.)*

Moved in completion rig. Ran GR-CCL log. Ran tubing and swab casing down. Pull tubing to 1946 feet and land in tubing head. Perforate 2006-12 feet and 2027-32 in Pictured Cliffs with two shots per foot. Lower tubing to 2036 feet and spot 500 gallons 15% Alcohol acid, breakdown at 2000 psi, instant shut-in pressure 500 psi. Swab load back, no liquid.

Gas entry too small to measure. Shut in for build up.

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

SIGNED John Alexander TITLE Agent DATE 3-17-77

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: