

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Contract #98

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jicarilla B

9. WELL NO.

2-A

10. FIELD AND POOL, OR WILDCAT

Blanco Mesa Verde

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 19, T-26-N, R-3-W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7034 GR

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:

TEST WATER SHUT-OFF

☐

PULL OR ALTER CASING

☐

FRACTURE TREAT

☐

MULTIPLE COMPLETE

☐

SHOOT OR ACIDIZE

☐

ABANDON*

☐

REPAIR WELL

☐

CHANGE PLANS

☐

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐

REPAIRING WELL

☐

FRACTURE TREATMENT

☐

ALTERING CASING

☐

SHOOTING OR ACIDIZING

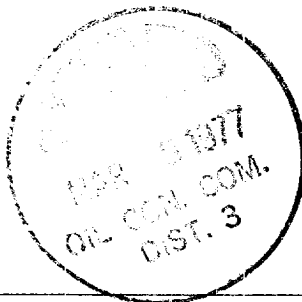
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ABANDONMENT*

☐(Other) Set casing & cementing☒(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.)*

1/31/77 6030 WOC 4-1/2 csg. Ran 189 jts 4-1/2" 10.5 K-55 csg set @ 6030, FC 6002 DV 4112 BJ cmt 1st stage w/600 sx 1t wt + 5# gilsonite + 1/4# cello flakes + 300 sxs B neat + 1/4# cello flakes, full ret 1st 350 sxs 50% last 550 sxs, open DV tool & circ 6 hrs no cmt but full returns, 2nd stage 1100 sxs 1t wt + 5# gilsonite + 1/4# cello flakes, 7:00 AM, 1/30/77, cmt circ WOC 4 hrs, rel rig #20 11:00 AM, 1/30/77. WOC 18 hrs test csg 3500# OK.



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

SIGNED

CA Mills

TITLE

Authorized Agent

DATE

3-3-77

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side