

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Joint Venture

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Apache JVA

9. WELL NO.

No. 4

10. FIELD AND POOL, OR WILDCAT

Blanco-Mesaverde

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

Sec. 20-27N-2W

12. COUNTY OR PARISH 13. STATE

Rio Arriba

New Mexico

1.

OIL ☐ GAS ☒ OTHER

2. NAME OF OPERATOR

Palmer Oil & Gas Company

3. ADDRESS OF OPERATOR

P. O. Box 2564, Billings, Montana 59103

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)  
At surface

NE $\frac{1}{4}$ SW $\frac{1}{4}$ SE $\frac{1}{4}$  1170' FSL, 1470' FEL

14. PERMIT NO.

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

7319 GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

Status Report ☒

(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.)\*

Spudded at 11:00 AM on 11/7/78. Ran 9-5/8" 36# ST&C casing and landed at 320' KB. Cemented with 250 sx Class B, 2% cc.

Ran 98 joints 7" 20# to 4030' KB and cemented with 150 sx 50/50 pozmix, 10% salt, preceded with 500 gallons mud flush.

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

SIGNED

Grace E. Brown

TITLE

Assistant Secretary

DATE

11/17/78

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side