

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. Joint Venture
2. NAME OF OPERATOR Palmer Oil & Gas Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
3. ADDRESS OF OPERATOR P. O. Box 2564, Billings, Montana 59103		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 850' FNL, 1490' FEL		8. FARM OR LEASE NAME Apache-JVA
		9. WELL NO. No. 5
		10. FIELD AND POOL, OR WILDCAT Blanco-Mesaverde
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NW $\frac{1}{4}$ NE $\frac{1}{4}$ 29-27N-2W
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7265' GR, 7277' KB	12. COUNTY OR PARISH Rio Arriba
		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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	Status Report <input checked="" 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.)\*

Ran 106 joints 7" casing to 3965' and cemented with 550 sx 65/35 pozmix, 12% gel followed by 150 sx Class B with 2% CaCl.

Ran 4 $\frac{1}{2}$ " liner from 3746' to 6178' and cemented with 350 sx 65/35 pozmix followed by 100 sx Class B. Plug down at 5:45 AM on 1/4/78.

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

SIGNED <i>Grace E. Brown</i>	TITLE Drilling Department	DATE 2/6/78
(This space for Federal or State office use)		

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

RECEIVED

FEB 9 1978

\*See Instructions on Reverse Side

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



**LTR**



**Job separation sheet**

APACHE-JVA #5  
NW $\frac{1}{4}$ NE $\frac{1}{4}$  Sec. 29-27N-2W  
Rio Arriba County, New Mexico

TABULATION OF ALL DEVIATION SURVEYS

<u>Depth</u>	<u>Deviation</u>
2180'	1°
3670'	1°
3930'	1°
4522'	1°
5024'	3/4°
5546'	1°
6030'	1°
6170'	1-1/4°

I, Robert D. Ballantyne, Drilling and Production Superintendent for Palmer Oil & Gas Company, hereby certify that the above information is true and complete to the best of my knowledge and belief.

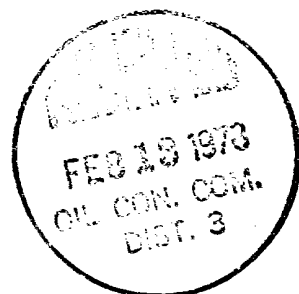
Robert D Ballantyne  
Robert D. Ballantyne

Sworn to and subscribed before me, a Notary Public in and for the State of Montana, this 7th day of February, 1978.

My Commission Expires:

May 1, 1978

Shane E Brown  
Notary Public  
For State of Montana, Residing  
in Billings, Montana



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

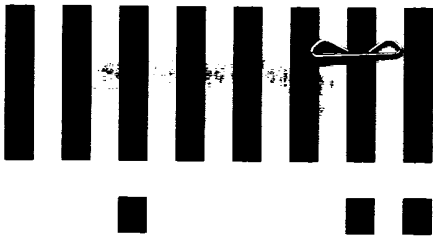
SUBMIT IN DUPLICATE\*

(See other in-  
structions on  
reverse side)Form approved.  
Budget Bureau No. 42-R3556.

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1a. TYPE OF WELL:		OIL WELL <input type="checkbox"/>	GAS WELL <input checked="" type="checkbox"/>	DRY <input type="checkbox"/>	Other _____		
b. TYPE OF COMPLETION:		NEW WELL <input checked="" type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>	DIFF. RESER. <input type="checkbox"/>	Other _____
2. NAME OF OPERATOR Palmer Oil & Gas Company						5. LEASE DESIGNATION AND SERIAL NO. Joint Venture	
3. ADDRESS OF OPERATOR P.O. box 2564, Billings, Montana 59103						6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 850' FNL, 1490' FEL At top prod. interval reported below At total depth same						7. UNIT AGREEMENT NAME	
14. PERMIT NO.						8. FARM OR LEASE NAME Apache-JVA	
DATE ISSUED						9. WELL NO. 5	
15. DATE SPUDDED 12/26/77						10. FIELD AND POOL, OR WILDCAT Blanco-Mesaverde	
16. DATE T.D. REACHED 1/3/78						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA NW $\frac{1}{4}$ NE $\frac{1}{4}$ Sec. 29-27N-2W	
17. DATE COMPL. (Ready to prod.) 2/6/78						12. COUNTY OR PARISH Rio Arriba	
18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 7265 GL, 7277 KB						13. STATE New Mexico	
19. ELEV. CASINGHEAD						20. TOTAL DEPTH, MD & TVD 6200'	
21. PLUG, BACK T.D., MD & TVD 6153' KB						22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY →						ROTARY TOOLS 0-TD	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 6013-6120 Mesaverde						25. WAS DIRECTIONAL SURVEY MADE no	
26. TYPE ELECTRIC AND OTHER LOGS RUN Schlumberger FDC/CNL-GR, I-GR, SNP-GR						27. WAS WELL CORED no	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
9-5/8"		36#		289'		13-3/4"	
7"		20#		3965'		8-3/4"	
						CEMENTING RECORD	
						300 sx	
						550 sx	
29. LINER RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
4-1/2"		3746'		6178'		450 sx	
						SCREEN (MD)	
						30. TUBING RECORD	
						SIZE	
						2-3/8"	
						DEPTH SET (MD)	
						6093'	
						PACKER SET (MD)	
						none	
31. PERFORATION RECORD (Interval, size and number) 6013-6120 - .37" - 12 holes							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
6013-6120				750 gal. 15% HCL: 60,900 gal. 6F4GPSD fluid containing 19,500# 100 mesh sd and 45,000# 10/20 sd			
33. PRODUCTION							
DATE FIRST PRODUCTION shut-in		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) flowing				WELL STATUS (Producing or shut-in) shut-in	
DATE OF TEST 2/6/78		HOURS TESTED 3 hrs		CHOKE SIZE 3/4"		PROD'N. FOR TEST PERIOD →	
FLOW. TUBING PRESS. 338		CASING PRESSURE 762		CALCULATED 24-HOUR RATE →		OIL—BBL. 4,414	
						GAS—MCF. 551.75	
						WATER—BBL.	
						OIL GRAVITY-API (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) to be sold							
35. LIST OF ATTACHMENTS							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED J. J. R. [Signature]		TITLE Petroleum Engineer				DATE 2/20/78	

\* (See Instructions and Spaces for Additional Data on Reverse Side)



**LTR**



**Job separation sheet**

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

		5	
		1	
		1	
	OFFICE		
	ATER	OIL	
		GAS	1
	TOR		2
	RATION OFFICE		

P. O. Box 2564, Billings, Montana 59103

Reason(s) for filing (Check proper box)			Other (Please explain)
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Apache-JVA</b>	Well No. <b>5</b>	Pool Name, including Formation <b>Blanco-Mesaverde</b>	Kind of Lease State, Federal or Fee <b>Jt. Venture</b>	Lease No.
Location				
Units Letter <b>B</b> ; <b>850</b> Feet From The <b>North</b> Line and <b>1490</b> Feet From The <b>East</b>				
Line of Section <b>29</b> Township <b>27N</b> Range <b>2W</b> , NMPM, <b>Rio Arriba</b> County				

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)		
Northwest Pipeline Corporation					P. O. Box 90, Farmington, New Mexico		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When	

#### V. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 12/26/77	Date Compl. Ready to Prod. 2/6/78		Total Depth 6200'			P.B.T.D. 6153'			
Elevations (DF, RKB, RT, GR, etc., 7265 GL, 6153' KB	Name of Producing Formation Mesaverde		Top Oil/Gas Pay 6013'			Tubing Depth 6093'			
Perforations 6013, 6022, 6024, 6026, 6037, 6041, 6048, 6098, 6102, 6104, 6112, 6120						Depth Casing Shoe 6178'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/4"		9-5/8"		289'		300 sx			
8-3/4"		7"		3965'		550 sx			
6-1/4"		4-1/2"		6178'		450 sx			
(cased)		2-3/8"		6093'		none			

(Test must be after recovery of total volume of blood and must be done on a separate day from the first test.)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

Actual Prod. Test-MCF/D	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) backpressure	Tubing Pressure (Shut-in) SITP 1649	Casing Pressure (Shut-in) SICP 1799	Choke Size 3/4"

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

February 7, 1978 (Title)

Date

APPROVED \_\_\_\_\_, 19\_\_\_\_  
Original Signed by A. R. Kendrick  
BY \_\_\_\_\_  
TITLE SUPERVISOR

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow-  
able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well, use or number or transporter or other substantial change of condition.