

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>   |  | 5. LEASE DESIGNATION AND SERIAL NO.<br><b>Jicarilla #287</b>                |                                |
| 2. NAME OF OPERATOR<br><b>S &amp; B Drilling Company</b>  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME<br><b>Jicarilla</b>                    |                                |
| 3. ADDRESS OF OPERATOR<br><b>221 Petroleum Center Bldg., Farmington, New Mexico</b>   |  | 7. UNIT AGREEMENT NAME  |                                |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><b>1980 FHL &amp; 785 FEL<br/>Sec.27 27N R1E, Rio Arriba, New Mexico</b> |  | 8. FARM OR LEASE NAME<br><b>Jicarilla 287</b>                               |                                |
| 14. PERMIT NO.  |  | 9. WELL NO.<br><b>#5</b>  |                                |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br><b>6843 G.L.</b>  |  | 10. FIELD AND POOL, OR WILDCAT<br><b>Wildcat</b>                            |                                |
|   |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br><b>Sec.27, 27N, R1E</b> |                                |
|   |  | 12. COUNTY OR PARISH<br><b>Rio Arriba</b>                                   | 13. STATE<br><b>New Mexico</b> |

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

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\* ☒

(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.)\*

Plugged with cement bottom plug from T.D. to 1300'.

Plug show of 5-1/2" from 750 feet to 500' with cement plug.

Erected dry hole marked on surface.

Filled pits and cleaned up location.

Completed on 9/30/66.



RECEIVED

DEC 29 1966

U. S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.

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

SIGNED

*Fran Caprus*

TITLE

**Bookkeeper**

DATE

**12/21/66**

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: