

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 240
2. NAME OF OPERATOR Holcomb Oil & Gas, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
3. ADDRESS OF OPERATOR P.O. Box 2058, Farmington, NM 87499		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 Unit J 3210' FSL x 2310' FEL		8. FARM OR LEASE NAME Jicarilla Apache
14. PERMIT NO.		9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7238' KB		10. FIELD AND POOL, OR WILDCAT Boulder Mancos
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26 T28B R1W
		12. COUNTY OR PARISH Rio Arriba
		13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)*

1. Establish rate down braidenhead at 2BPM and 50 psi. Pump 100 sx. (118 cu. ft.) Class B Neat with 2% CaCl down braidenhead at .25BPM and 150 psi.
2. Pump 500 sx. (590 cu. ft.) Class B Neat down 5 1/2" casing set @ 3460' KB. SD and wait 1 hour. Finish filling 5 1/2" casing with 109 sx. (129 cu. ft.) Class B Neat and cement to surface. Cut off wellhead.
3. Pump 91 sx. (107 cu. ft.) Class B Neat to finish filling 8 5/8" casing and cement to surface. Install P&A marker and fill cellar.
4. Clean up location and RD.

RECEIVED
NOV 23 1990
OIL CON. DIV.
DIST. 3

Approved by _____
Special Agent in Charge

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

SIGNED B.W. Salzman

TITLE Agent

DATE 11-5-90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____
NMOCD

DATE _____

*See Instructions on Reverse Side