

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 type="checkbox"/> GAS WELL <input checked="" 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 2310	8. FARM OR LEASE NAME Jicarilla Apache 240
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 T28N R1W
	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

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)

Work over

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.)*

1. Prep location.
2. TIH 4 3/4" bit and clean out ot 4120' KB or acceptable TD.
3. TIH 4" flush joint liner and set on bottom.
4. Perforate Mancos intervals as required.
5. TIH tubing, pump and rods.
6. Set pumping unit and necessary surface equipment.
7. Return well to production to test.

RECEIVED
OCT 31 1990
OIL CON. DIV.
DIST. 3

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

SIGNED

B.W. Salzman

TITLE Agent, Holcomb O&G

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

NMOCD

APPROVED

DATE 10-8-90

DATE OCT 26 1990

Ken Townsend

*See Instructions on Reverse Side