

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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		5. LEASE DESIGNATION AND SERIAL NO. 240
2. NAME OF OPERATOR Holcomb Oil & Gas, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 2058, Farmington, NM 87499		7. UNIT AGREEMENT NAME Jicarilla Apache
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL x 2310' FEL		8. FARM OR LEASE NAME
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, OR, etc.) 7138' GL	9. WELL NO. 2
		10. FIELD AND POOL, OR WILDCAT Boulder Mancos
		11. SEC., T., R., M., OR B.L.E. AND SUBST 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. Run wireline capacitance tool and GR and CCL to determine downhole equipment and fluid level.
3. Swab test as necessary.
4. Evaluate above testing to determine further action.

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

THIS IS A PRELIMINARY REPORT

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

SIGNED

B. W. Salzman

TITLE Agent, Holcomb O&G

DATE

10-8-90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

NMOCD

DATE

Ken Townsend

\*See Instructions on Reverse Side