

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

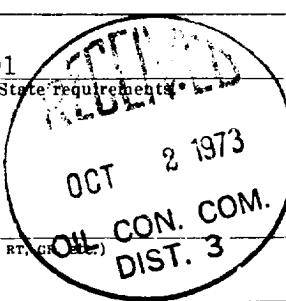
SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. Jicarilla 481	
2. NAME OF OPERATOR Union Oil Company of California		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla	
3. ADDRESS OF OPERATOR P. O. Box 2620 - Casper, Wyoming 82601		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 783' FNL & 2310' FWL		8. FARM OR LEASE NAME Jicarilla	
14. PERMIT NO.		9. WELL NO.	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7299'		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T.28N., R.1W.	
		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:

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 type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Supplementary Well History	XX

(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.)*

Drilled to 5776'.

DST #1: 5740-76'. (36')

IF 15 mins., SI 30 mins., FF 75 mins., FSI 150 mins. Opened tool with strong blow. Gas to surface at 30 mins. into FF period. Rate 5000 cu. ft./day. Recovered 90' SGCM. Top chart: IHP 2720#, IFP 293-186#, ISIP 611#, FFP 80-80#, FSIP 980#, FHP 2720#. Temp. 144° F. Bottom chart: IHP 2724#, IFP 106-133#, ISIP 611#, FFP 27-27#, FSIP 980#, FHP 2724#.

Drilled to 5960'.

DST #2: 5779-5960'. Point Lookout.

Opened tool for 15 mins. initial preflow with weak blow increasing to strong blow in one min. and continuing throughout flow period. Gas to surface in 15 mins. Shut in 1/2 hour. Opened for 60 mins. final flow period with strong gas blow, gradually decreasing to no blow at end of flow period. Shut in 120 mins. P.O.O.H. O.K. Recovered 130' very slight gas cut mud. I Hy 2693, IPFP 80-106#, ISIP (30) 558#, FFP 53-80#, FSIP (120) 399# flat, F Hy 2693; BHT 152°.

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

SIGNED R. G. Ladd, Jr. TITLE District Drilling Supt. DATE 9-27-73
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side