

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1434.

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. <b>Contract No. 489</b>	
2. NAME OF OPERATOR <b>J. M. Huber Corporation</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <b>Jicarilla-Apache Tribe</b>	
3. ADDRESS OF OPERATOR <b>385 Denver Club Building, Denver, Colorado 80202</b>		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 <b>SE NW Section 16, T28N-R2W (1830' FNL, 1670' FWL)</b>		8. FARM OR LEASE NAME <b>Jicarilla-Apache</b>	
14. PERMIT NO.		9. WELL NO. <b>16-1</b>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>7205' GR., 7219' KB</b>		10. FIELD AND POOL, OR WILDCAT <b>Wildcat</b>	
		11. SEC., T., R., N., OR BLK. AND SURVEY OR AREA <b>Sec. 16-T28N-R2W</b>	
		12. COUNTY OR PARISH <b>Rio Arriba</b>	
		13. STATE <b>New Mexico</b>	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Supplementary History</u> <input checked="" type="checkbox"/>	
(Other)		(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.) \*

Flowed well 3 days 4 hours per day. Recovered 2 bbl frac water per flow period.  
Gas volume 100 Mcf per day.

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

SIGNED Bob Bixler  
(This space for Federal or State office use)

TITLE District Production Manager DATE August 23, 1974

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE

AUG 26 1974

\*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY  
DURANGO, COLO.