

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 <input type="checkbox"/> GAS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> WELL WELL		5. LEASE DESIGNATION AND SERIAL NO. N.M. 33023
2. NAME OF OPERATOR BILLY J. KNOTT		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -----
3. ADDRESS OF OPERATOR #850 One Energy Square 4925 Greenville Ave. Dallas, Texas 75206		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 1850 feet South of the North line & 1520 feet East of the West line of Section 30 - Township 27 North - Range 12 West.		8. FARM OR LEASE NAME JK
14. PERMIT NO.		9. WELL NO. No. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5885 GR		10. FIELD AND POOL, OR WILDCAT NIIP - Pictured Cliffs
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30 - T27N - R12W N.M.P.M.
		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

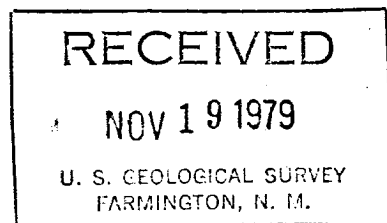
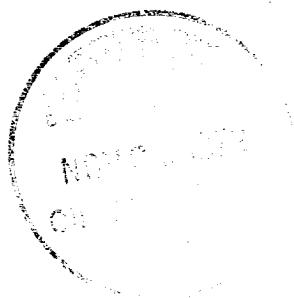
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Information		(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.)*

The following additional information is to be included with the application to drill at the above location:

- 1). The surface formation is the Ojo Alamo
- 2). No oil is anticipated in the drilling of this well; however, it is anticipated that gas may be found in the Fruitland sand at approx. 930 feet and also in the Pictured Cliffs sand at approx. 1232 feet deep.
- 3). No abnormal pressures or potential hazards are expected.



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

SIGNED <u>Ashton B. Geren, Jr.</u>	TITLE <u>Petroleum Agent - Consultant</u>	DATE <u>Nov. 18, 1979</u>
(This space for Federal or State office use)		

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

NMOCC

*See Instructions on Reverse Side