

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF-047039 (B)	
2. NAME OF OPERATOR Petroleum Corporation of Texas Att: Fred Duesser		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 911, Breckenridge, Texas 76024		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 790'FNL, 790'FEL		8. FARM OR LEASE NAME Day "H"	
14. PERMIT NO.		9. WELL NO. 2-R	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5801'GR, 5811'DF, 5812'KB		10. FIELD AND POOL, OR WILDCAT Fulcher Kutz Pictured Cliffs	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 17-T28N-R10W N.M.P.M.	
		12. COUNTY OR PARISH San Juan	13. STATE N.M.

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 checked="" 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"/>	

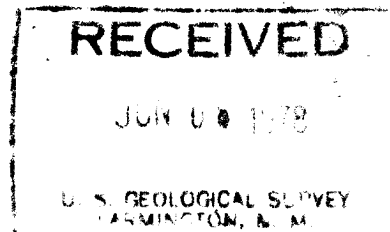
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

5-24-78 Spud well

5-24-78 T.D. 137'
Ran 3 jts, 8-5/8", 24.0 lb, K-55 casing (126.90')
set at 137.90' with 100 sacks Class "B" Cement with
3% Calcium Chloride and 1/4 lb. Flocele per sack.
Cement circulated. Test with 500 psig. Test O.K.

5-26-78 T.D. 2090'
Ran 62 jts, 4 1/2", 10.50 lb, K-55 casing (2024.72')
set at 2034.74 with 90 sacks 65/35 Pozmix (12% Gel)
with 6 1/4 lbs. Gilsonite per sack followed by 225
sacks 50/50 Pozmix with 6 1/4 lbs. Gilsonite per sack,
Cement circulated



For: Petroleum Corporation of Texas

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

President, Walsh Engr.

SIGNED Ewell N. Walsh, P.E.TITLE & Production Corp.DATE 6-6-78

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side