

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM-28749
2. NAME OF OPERATOR Palmer Oil & Gas Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 2564, Billings, Montana 59103		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', EL, 1620' FNL		8. FARM OR LEASE NAME Federal
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6502 GL, 6513 KB	9. WELL NO. No. 2
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Blanco Mesaverde
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA SW $\frac{1}{4}$ NE $\frac{1}{4}$ 10-31N-7W
		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

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"/> Status Report	

(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.)*

Well was spudded at 3:00 PM on 7/15/77. Ran 6 joints 9-5/8" 53@ casing to 235 KB and cemented with 250 sx regular, 2% cc. Plug down at 10:00 AM on 7/16/77.

7/29/77 - Ran 2564' of 4 1/2", 10.5# production casing to 5942'. Cemented with 300 sx 50-50 pozmix. Plug down at 2:00 PM.

Waiting on completion unit.

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

SIGNED Grace E. Brown

TITLE Ass't Secretary

DATE 8/8/77

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____