

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(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.)

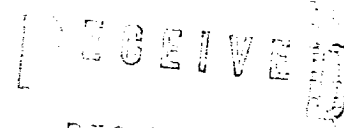
1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. MOO-C-1420-1708	
2. NAME OF OPERATOR Engineering & Production Service, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Mountain	
3. ADDRESS OF OPERATOR P.O. Box 190, Farmington, N.M. 87401		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  990' FSL and 790' FEL		8. FARM OR LEASE NAME Ute Mountain	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6834 GR		10. FIELD AND POOL, OR WILDCAT Barker Creek Dome Extension	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 30, T32N, R14W	
		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) Squeeze Mesa Verde Perfs. <input checked="" 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.)\*

An attempt was made to complete the Mesa Verde through perforations from 866-72 and 814-22. The lower set of perforations was treated with 250 gallons 15% acid and tested with no response. The upper set of perforations was isolated, treated with 1000 gallons 15% acid and fractured. The foam fracture treatment resulted in a sand off with 4200 lb of the intended 10,000 lb of 20-40 sand in the formation. Testing demonstrated no productive response. Both perforation sets were squeezed simultaneously with 75 sacks class "B" cement with 2% Calcium Chloride. This squeeze treatment was drilled out and pressure tested to 550 psi with no leak-off prior to returning for more work on the Dakota formation.



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

SIGNED <u>John C. Alexander</u>	TITLE <u>Petroleum Engineer</u>	DATE <u>12-1-76</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		