

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-030752	
2. NAME OF OPERATOR JOHN H. TRIGG COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---	
3. ADDRESS OF OPERATOR P. O. BOX 4308, ALBUQUERQUE, NM 87196		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 SW 1/4 NW 1/4		8. FARM OR LEASE NAME FEDERAL SIVLEY JENNINGS fed	
S28: SW 1/4 2310 FNL 990 FNL		9. WELL NO. 1	
14. PERMIT NO. ---		10. FIELD AND POOL, OR WILDCAT TURKEY TRACK QUEEN GRAYBER	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3463 GL		11. SEC., T., R., OR BLK. AND SURVEY OR AREA S28, T18S, R29E	
		12. COUNTY OR PARISH EDDY	
		13. STATE NM	

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"/>	FULL 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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.) *

ACIDIZED THROUGH PERFORATIONS USING 1,000 GALLONS
15% HYDROCHLORIC ACID, COMBINED WITH VARIOUS
EMULSIFIERS. RECOVERED ALL ACID AND WATER.

DATE: AUGUST 9, 1978

SERVICE: DOWELL, INC.

OPERATOR'S SUPERVISOR: DON C. BELL, II

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

SIGNED <u>Don C. Bell II</u>	TITLE <u>CO-TRUSTEE JOHN H. TRIGG ESTATE</u>	DATE <u>8-17-78</u>
(This space for Federal or State office use)		
APPROVED BY <u>Lee D. Lane</u>	TITLE <u>ACTING DISTRICT ENGINEER</u>	DATE <u>AUG 30 1978</u>
CONDITIONS OF APPROVAL, IF ANY:		