

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Field Form No. 42-R1424  
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.  
Contract No. 412  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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  GAS WELL  OTHER

2. NAME OF OPERATOR  
DAVE M. THOMAS, JR.

3. ADDRESS OF OPERATOR  
P. O. Box 2026 Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
330'FNL, 2310'FWL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
7359'GR, 7372'DF, 7373'KB

7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Chacon Jicarilla Apache "D"  
9. WELL NO.  
5  
10. FIELD AND POOL, OR WILDCAT  
Chacon Dakota Associated  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Section 16-T23N-R3W  
N.M.P.M.  
12. COUNTY OR PARISH 13. STATE  
Rio Arriba N.M.

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

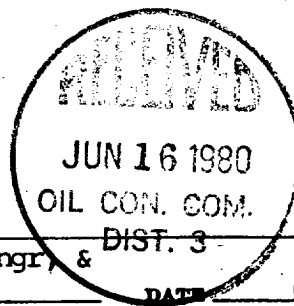
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	FULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>See Below</u>	<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.)\*

Change Acreage Dedication:

From: W/2, 320 Acres, Section 16-T23N-R3W

To: NW/4, 160 Acres, Section 16-T23N-R3W



FOR: DAVE M. THOMAS, JR.  
18. I hereby certify that the foregoing is true and correct  
ORIGINAL SIGNED BY President, Walsh Engr, &  
SIGNED EWELL N. WALSH TITLE Production Corp. DATE 6/3/80  
Ewell N. Walsh, P.E.

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

NEW MEXICO OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102  
Supersedes C-128  
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

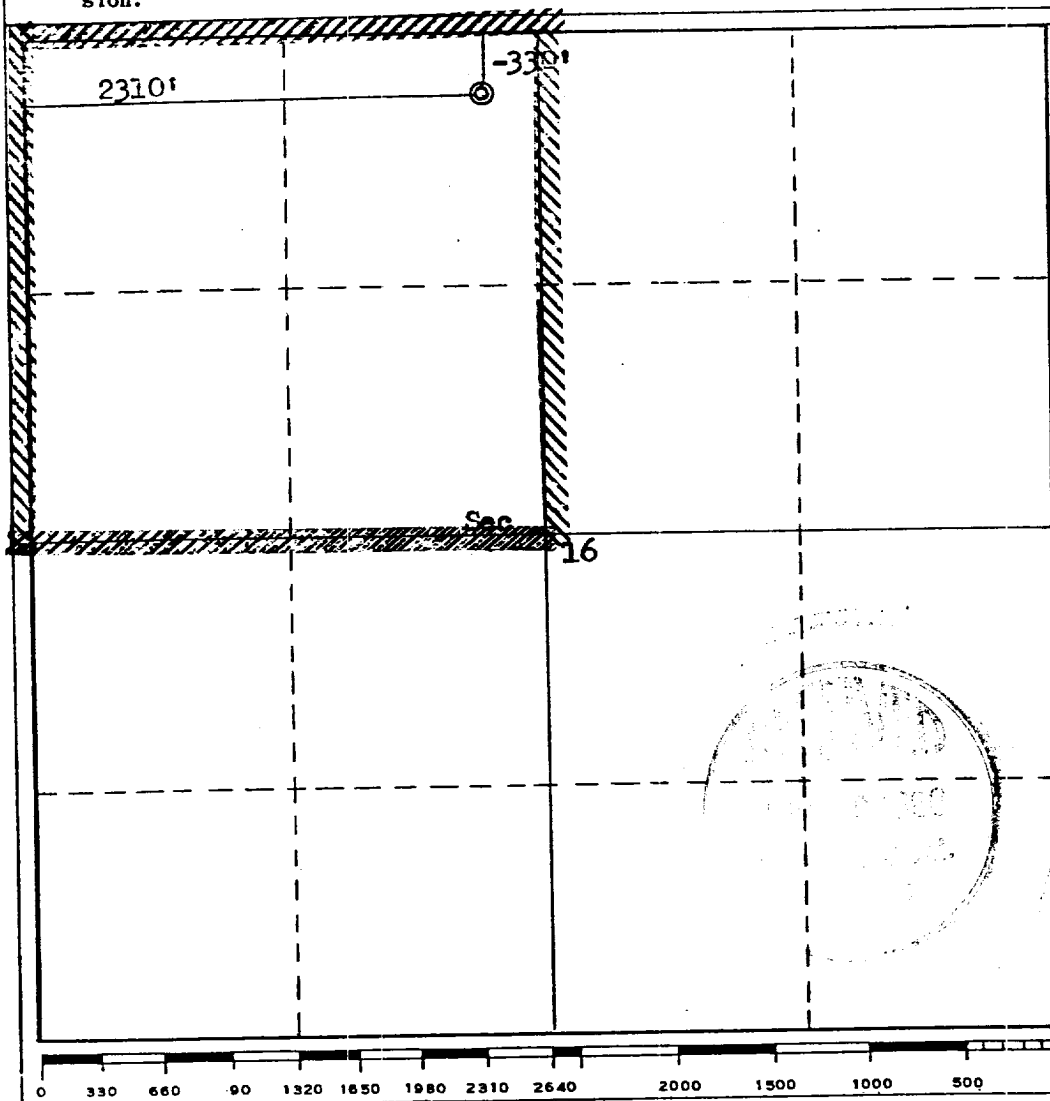
Operator <b>Dave M. Thomas Jr.</b>		Lease <b>Chacon Jicarilla Apache "D"</b>		Well No. <b>5</b>
Unit Letter <b>C</b>	Section <b>16</b>	Township <b>23N</b>	Range <b>3W</b>	County <b>Rio Arriba</b>
Actual Footage Location of Well: <b>330</b> feet from the <b>North</b> line and <b>2310</b> feet from the <b>West</b> line				
Ground Level Elev. <b>7359</b>	Producing Formation <b>Dakota</b>	Pool <b>Chacon Dakota</b>		Dedicated Acreage: <b>160</b> Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

Yes  No If answer is "yes," type of consolidation \_\_\_\_\_

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.  
For: Dave M. Thomas, Jr.

Name  
**Ewell N. Walsh, P.E.**  
Position  
**President, Walsh Engr. & Production Corporation**  
Company  
**& Production Corporation**  
Date  
**6/3/80**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed  
**March 30, 1976**  
Registered Professional Engineer and/or Land Surveyor  
**Fred B. Kerr Jr.**  
Certificate No.  
**3950**