

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other ☐  
2. NAME OF OPERATOR  
EPX Company  
3. ADDRESS OF OPERATOR  
P.O. Box 4289 Farmington, NM 87499-4289  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1700' FNL, 1600' FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input checked="" type="checkbox"/>
(other) <input type="checkbox"/>	<input type="checkbox"/>

5. LEASE  
Jicarilla Jt. Vt.  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Jicarilla Apache  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Jicarilla Jt. Vt. PC  
9. WELL NO.  
105  
10. FIELD OR WILDCAT NAME  
Ballard PC  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 4, T-23-N, R-3-W  
12. COUNTY OR PARISH  
Rio Arriba  
13. STATE  
NM  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
7157' GL, 7162' D, 7163' KB

RECEIVED (NOTE: Report results of multiple completion or zone change on Form 9-330.)

OCT 27 1983

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

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.)\*

FINAL REPORT

Surface rehabilitation and reseedling have been completed.  
Location is ready for inspection.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED C. P. B. [Signature] TITLE Prod. Engineer DATE October 25, 1983

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

NOV 02 1983

\*See Instructions on Reverse Side

NMOCG

FARMINGTON RESOURCE AREA

BY [Signature]