Budget Bureau No. 1004-0135 7om 3160-5 UNITED STATES

SUBMIT IN TRIPLICATE®
(Other Instructions on reverse side) Expires August 31, 1985 November 1983) 5. LEASE DESIGNATION AND BERIAL NO. Formerly 9-331) BUREAU OF LAND MANAGEMENT 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.) Jicarilla Tribal WELL WELL X Jicarilla Tribal 8. FARM OR LEASE NAME 2. NAME OF OPERATOR <u>Jicarilla 183</u> El Paso Natural Gas Company 9. WELL NO. P. O. Box 4289 Farmington, NM LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface 10. FIELD AND POOL, OR WILDCAT Ballard PC RECEIVED 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 1800'S - 1650'E-DOT - 0 1994 Sec. 28, T23N, R3W
12. COUNTY OR PARISH | 13. STATE 15. ELEVATIONS (Show whether REARING TON RESOURCE APEA 7454 GL 14. PERMIT NO. NM Sandoval 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSECUENT EMPORT OF: PULL OR ALTER CASING REPAIRING WELL WATER SHUT-OFF TEST WATER SHUT-OFF ALTERING CASING FRACTURE TREAT MULTIPLE COMPLETE PRACTURE TREATMENT ABANDON* SHOOTING OR ACIDIZING ABANDONMENT® SHOOT OR ACIDIZE Surface Rehab.

(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.) •

(Other) .

Surface rehabilitation and re-seeding have been completed.

CHANGE PLANS

REPAIR WILL

(Other)



OIL CON. DIV. DIST. 3

18. I hereby certify that the foregoing is true and co	TITLE Drilling Clerk	DATE October 3, 1984
(This space for Federal or State office use)		ACCEPTED TON
APPROVED BY	TITLE	DATE OCT TO THE STATE OF THE ST
	*See Instructions on Reverse Side	FARMINGTON RESOURCE AREA