Form 3-331 (May 1963)	DEPARTM	NITED STATENT OF THE EOLOGICAL SU	INTERIO	SUBMIT IN TRIPLICA (Other instructions on verse side)	re-	Form appro Budget Bui ASE DESIGNATIO	reau No. 42-1	
						6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Tribal Contract #183		
OIL GAS WELL WELL	OTHER				7. 01	VIT AGREEMENT	NAME	-
2. NAME OF OPERATOR				· · · · · · · · · · · · · · · · · · ·		EM OR LEASE N		<del></del>
El Paso Natu					9. W	carilla 183	<del>)</del>	<del></del>
PO Box 990,	•		nos with any Sta		0	TELD AND POOL,		
See also space 17 belo At surface		'S, 1700'E		· · · · · · · · · · · · · · · · · · ·	Ba 11. s	allard Pictor T., B., M., OF SURVEY OR ABIOC. 27, T-MPM	ured Clif	
14. PERMIT NO.		15. ELEVATIONS (Sho		GR, etc.)	1	ounty of Paris	1 .	
16.	Chl. A	<del> </del>	74'GL	( N1 . v D			NM	
•	CHECK APPORTION OF INTENT		indicate Nati	re of Notice, Report, o	SEQUENT RI			
TEST WATER SHUT-OF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	MI	LL OR ALTER CASING ULTIPLE COMPLETE ANDON® ANGE PLANS		WATER SHUT-OFF  FRACTURE TREATMENT  SHOOTING OR ACIDIZING  (Other)  (NOTE: Report res Completion or Reco			CASING ENT*	
i7. DESCRIBE PROPOSED OR proposed work. If nent to this work.) *	COMPLETED OPER. well is direction	TIONS (Clearly state ally drilled, give sul	e all pertineut de bsurface locations	etails, and give pertinent da and measured and true ver	tes includ	ing estimated d	ate of startin	g any perti-
7-1-73	set at 2981	-		.5# and 6.4#, J-55 Cemented with 143	-		-	hours
8-7-73	zone. Fra	c'd with 30,0	00# 10/20	0#-OK. Perf'd 287 sand and 30,370 ga				
	No ball dro	ps. Flushed	with 730 g	allons water.	EV.	ozarej rechado de Policia presentation presentation		1. L.
		AUG 15 1	973 <b>COM</b>	AUG 14 1973		identificación identificación o addunctión o addunctión		5.
	·	AUG 15 TON. CON. DIST.	3/	), 8, 000 000041 3947 <b>2</b> 7946639, 0010.	Y	final of the and of the state o	A Company of the Comp	
8. I hereby certify that	the foregoing is		ritle Drill	ing Clerk		DATE Augu	st 10, 19	73_
(This space for Feder	al or State office	use)						<del></del>
APPROVED BYCONDITIONS OF AP	PROVAL, IF AN		FITLE			DATE	<u>-</u>	<u>.,,</u>

j 44.

					/	
F.rm 9-331 (May 1963)	UNITE DEPARTMENT	Form approved. Budget Bureau No. 42-R1424.  5. LEASE DESIGNATION AND SERIAL NO.				
		SICAL SURVEY		6. IF INDIAN, ALLOTTES	OR TRIBE NAME	
SUI (Do not use thi	NDRY NOTICES As form for proposals to dr Use "APPLICATION FO	Jicarilla Trib	al Contract 183			
1. OIL GAS	[V]			1. CHIT AGREEMENT NA		
WELL WELL	A OTHER	8. FARM OR LEASE NAM	IE			
	urol Cae Comnan	ī		Jicarilla 183		
3. ADDRESS OF OPERAT	cural Gas Company		· · · · · · · · · · · · · · · · · · ·	9. WELL NO.		
Box 990. Fa	rmington, New M	exico 87401		6	D. WIT D.O.A.	
4. LOCATION OF WELL See also space 17 b At surface	(Report location clearly and	Ballard Pictured Cliffs Ext.  11. SEC., T., R., M., OR BLK. AND SUBVEY OR AREA				
Occi and	17001 Fort		•	Sec. 27-T23N-R3W NMFM		
800' South-	15. ELI	VATIONS (Show whether DF, P	RT, GR, etc.)	12. COUNTY OR PARISE	13. STATE	
		7274' GL		Sandoval	NM	
16.	Charle Appropria	te Box To Indicate Na	iture of Notice, Report, or C	Other Data		
20.	NOTICE OF INTENTION TO:	l Box 10 mareure in		UENT REPORT OF:		
			120	REPAIRING	WELL.	
TEST WATER SHUT	·	ALTER CASING	WATER SHUT-OFF FRACTURE TREATMENT	ALTERING C		
FRACTURE TREAT	MULTIPLE ABANDON*	COMPLETE	SHOOTING OR ACIDIZING	ABANDONME	NT*	
SHOOT OR ACIDIZE	CHANGE I		(Other)	<del>. '</del>		
REPAIR WELL (Other)	L		(Note: Report results Completion or Recomp	s of multiple completion letion Report and Log fo	on Well rm.)	
	If well is directionally dis	ned, give adbaditace locally	details, and give pertinent dates, ons and measured and true vertic	including actimated day	to of starting any	
6-4-73	Spuded wel	<ol> <li>Drilled surf</li> </ol>	ace hole.			
6 <b>-</b> 6-73	Ran 4 join 128' GL'. to surface	Cemented with 1	KS surface casing; .06 cubic feet of cen	128' set at ment, circulate	ed	
•		-		JUN 1 4 197 OIL CON CO DIST.	73	

18. I hereby certify that the foregoing is true and correct SIGNED	TITLE Drilling clerk	DATE June 8, 1973
(This space for Federal or State office use)		
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE .