

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  
El Paso Exploration Company  
3. ADDRESS OF OPERATOR  
PO Box 4289, Farmington, NM 87499  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
1850'S, 1850'W  
AT SURFACE:  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐

(other) Change Dedication

SUBSEQUENT REPORT OF

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U. S. GEOLOGICAL SURVEY  
FARMINGTON, N.M.

5. LEASE  
Contract #183  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Jicarilla Apache  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Chacon Jicarilla "D"  
9. WELL NO.  
18  
10. FIELD OR WILDCAT NAME  
Chacon Dakota Associated Pool  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Section 22, T-23-N, R-3-W, NMPM  
12. COUNTY OR PARISH  
Sandoval  
13. STATE  
NM  
14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
7460' CL

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.)\*

Attached is a revised C-102 in order to comply with the New Mexico Oil Conservation Division pool rules for the Chacon Dakota Associated Pool. Note the acreage dedication change from the SW/4 to the S/2.

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

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

SIGNED Dan W. Bink TITLE Project Drilling Engineer DATE April 19, 1983

(This space for Federal or State office use)

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

FOR RECORD

\*See Instructions on Reverse Side

APR 26 1983

FKK

NMOCC