5. LEASE

UNITED STATES

DEPARTMENT OF THE INTERIOR	Contract 55-A
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	Jicarilla Apache
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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 state proposals=)	8. FARM OR LEASE NAME Chacon Jicarilla Apache 'D'
1. oil gas well other	9. WELL NO. 109
2. NAME OF OPERATOR	10. FIELD OR WILDCAT NAME
Dave M. Thomas, Jr. 3. ADDRESS OF OPERATOR	10 Sundrela Halley & ake
P. O. Box 2026, Farmington, New Mexico 87499	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA Sec. 26, T23N, R3W, N.M.P.M.
AT SURFACE: 1830 FSL 1830 FEL AT TOP PROD. INTERVAL: same	12. COUNTY OR PARISH 13. STATE New Mexico
AT TOTAL DEPTH: same	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 7407 KB 7394 GL
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	
SUCCE OF ACIDIZE	
	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
PULL OR ALTER CASING UMULTIPLE COMPLETE	0.1-984
CHANGE ZONES	<i>O</i> (1997)
ABANDON*	1
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly starting including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertine	difectionally diffied, give subsurface locations and
It is proposed to complete an interval in the	e Gallup from 6376' to 6396'.
The Dakota Formation is currently producing from 7233' - 7369'. The	
additional interval will be fractured will Gel - water. A waste pit will	
be constructed at existing location.	
be constructed at existing location.	
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U	" MAI
	man of the state o
	OIL DIST. S
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED Dewey Franch Title Production Si	upt. DATE April 27, 1984
(This space for Federal or State office use)	
APPROVED BY TITLE	DATE DROVED
CONDITIONS OF APPROVAL, IF ANY:	ATT

*See Instructions on Reverse Side

NMOCC

