5. LEASE

UNITED STATES DEPARTMENT OF THE INTERIOR

DEPARTMENT OF THE INTERIOR	Contract No. 360
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 such proposals.)	8. FARM OR LEASE NAME
1 all gos	Chacon Amigos
1. oil gas other	9. WELL NO.
2. NAME OF OPERATOR	8
Jack A. Cole	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Undesignated Gallup
P. O. Box 191, Farmington, N.M. 87499	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.)	Sec. 1-T22N-R3W N.M.P.M.
AT SURFACE: 1850 FNL 1850 FEL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: Same	Sandoval N. Mex.
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)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	7229 GL 7243 DF
TEST WATER SHUT-OFF U U FRACTURE TREAT \(\begin{array}{cccccccccccccccccccccccccccccccccccc	m eceiven
SHOOT OR ACIDIZE X	in bus bus
REPAIR WELL	(NOTE: Report equits of multiple completion or zone change in form 9-330.)
	- CLD C 1000
MULTIPLE COMPLETE	EP 151983 - CON DIV.
ABANDON*	OIL CON. DIV.
(other)	First Silence of DIST. 3
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertined. It is proposed to perforate and fracture Gallup Formation from 5962' to 6016'. The additional interval will be fracture later date. Gallup Formation will be conformation.	directionally drilled, give subsurface locations and the this work.)* e treat an interval in the ed with Nitrified Gel. At a
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correst roduction	2 /2 / /2 2
SIGNED Deur gre Blancett TITLE Superinten	dent _{DATE} 9/14/83
(This space for Federal or State of	
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE
	7. mm 2 1. 1. 10.00

*See Instructions on Reverse Side