5. LEASE

UNITED STATES

DEPARTMENT OF THE INTERIOR	Contract No. 417
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
444444	Jicarilla Apache
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME
reservoir, Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1 oil gas —	Jicarilla "O"
1. oil gas uell other	9. WELL NO.
2. NAME OF OPERATOR	4
Aztec ENERGY CORPORATION	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Chacon Dakota
P.O. Box 2637 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.) AT SURFACE: 790' FNL & 1850' FWL	Sec. 10, T22N, R3W
AT SURFACE: 790' FNL & 1850' FWL AT TOP PROD. INTERVAL: Same	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH: Same	Sandoval New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.
REPORT, OR OTHER DATA	15 ELEVATIONS (SHOW DF, KDB, AND WD)
NECONI, ON ONLE OF THE PARTY OF	7077 GR (7089 KDB)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT	
	$\mathcal{E}_{\mathcal{S}}}}}}}}}}$
FRACTURE TREAT	AL RIVEY Change on Form 9–330.)
SHOOT OR ACIDIZE	SURVEY
REPAIR WELL PULL OR ALTER CASING OLOGICA TO SOLOGICA	change on Form 9–330.)
REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES WE CHANGE ZONES	
CHANGE ZONES	
ABANDON* (other) Report of cement tops: 42 production	on casing. I was not the
(other) Report of cement tops; 42 production	on casing. DIV,
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinen	rectionally drilled, give subsurface locations and
Operator ran cement bond log to establishe $4\frac{1}{2}$ " production casing:	Lish tops of cement behind
1. First stage: cement top @ 5404' KDF	3.
2. Second stage: cement top @ 2088' KI	OB.
(two copies of cement bond log atta	ached)
(two copies of dement bond for a cos	ichea)
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	F F 97
SIGNED TITLE Agent	DATE
(This space for Federal or State offi	ce use)
\cdot	
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE ACCEPTED FOR RECORD
COMDITIONS OF AFFROYAL, IT AMI.	

MAY 1 1 1983

*See Instructions on Reverse Side