

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

Cont. 429

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jicarilla 429

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Undes. Gallup

11. SEC., T., R., W., OR B.L. AND
SUEVEY OR AREA

Sec. 24, T23N, R5W

12. COUNTY OR PARISH 13. STATE

Sandoval

New Mexico

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 "APPLICATION FOR PERMIT" for such proposals.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

1. NAME OF OPERATOR

Marion Oil & Gas Corporation

2. ADDRESS OF OPERATOR

P. O. Box 840, Farmington, New Mexico 87499

3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below)
At surface

1850' FSL and 790' FEL

RECEIVED

JUN 05 1985

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

14. CREDIT NO.

15. ELEVATIONS (Show in feet)

6922' GL

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

1. WATER SHUT-OFF

2. FRACTURE TREAT

3. SHOOTING OR ACIDIZING

4. REPAIR WELL

5. OTHER

6. PULL OR ALTER CASING

7. MULTIPLE COMPLETION

8. ABANDON*

9. CHANGE PLANT

SUBSEQUENT REPORT OF:

1. WATER SHUT-OFF

2. FRACTURE TREATMENT

3. SHOOTING OR ACIDIZING

4. (Other) Plat

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

5. REPAIRING WELL

6. ALTERING CASING

7. ABANDONMENT*

17. ON WELL PROPOSED OR COMPLETED OPERATIONS: Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and give all pertinent data to this work.)*

Attached is a plat indicating dedicated acreage.

RECEIVED
JUN 10 1985
OIL & GAS DIV.
DIST. 3

18. I hereby certify that the foregoing is a true and correct copy of the original.

SIGNED

(Data space for Federal or State office use)

ALL OTHERS

COPIES OF APPROVAL, IF ANY:

TITLE Operations Manager

TITLE

DATE 6/4/85

ACCEPTED FOR RECORD

DATE

JUN 06 1985

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA
BY *[Signature]*