

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Form Approved.  
Budget Bureau No. 42-R1424

**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  
Box 289, Farmington, New Mexico 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 790'N, 790'E  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

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

- ☐  
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(other) Change Name of Operator from Northwest Production

5. LEASE  
Jicarilla Cont. 126
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Jicarilla
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Jicarilla 126 S
9. WELL NO.  
15
10. FIELD OR WILDCAT NAME  
Und. Gallup
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T-24-N, R-4-W  
N.M.P.M.
12. COUNTY OR PARISH  
Rio Arriba
13. STATE  
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6830' G1

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)\*

Effective August 29, 1979, Northwest Production Corporation was changed to El Paso Exploration Company.

LIVED

21 1979

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

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

SIGNED D. G. Busco TITLE Drilling Clerk DATE November 13, 1979

(This space for Federal or State office use)

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