Form 9-331

UNITED STATES SUBMIT IN TRÍPLICATE*

	5. LEASE DESIGNATION AND SERIAL NO. Jic. Contract No. 123	
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for processles to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
OIL GAS WELL OTHER	7. UNIT AGREEMENT NAME	
WELL WELL S CTHER 2. NAME OF OPERATOR Northwest Production Company	8. FARM OR LEASE NAME Jicarilla 123C	
3. ADDRESS OF OPERATOR	9. WELL NO.	
P. O. Box 990, Farmington, M 87401 4. Location of Well (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	19 10. FIELD AND POOL, OR WILDCAT South Blanco PC 11. SEC., T., R., M., OR BLE, AND	
1085'S, 1040'E	Sec. 5, T-25-N, R-4-W N.M.P.M.	
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE	
7211' GL	Rio Arriba New Mexico	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or	Other Data	
NOTICE OF INTENTION TO:	QUENT REPORT OF:	
	X REPAIRING WELL	
TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING REPAIR WELL CHANGE PLANS (Other) (Other) (Note: Report result Completion or Recompletion or Re	ALTERING CASING ABANDONMENT* Its of multiple completion on Well apletion Report and Log form.)	
FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING (Other) (Note: Report resu	abandonment* Its of multiple completion on Well appletion Report and Log form.) es, including estimated date of starting any	
FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT SHOOT OR ACIDIZE REPAIR WZLL (Other) CHANGE PLANS (Other) (Note: Report result Completion or Recont Completion of Recont Completion Completion of Recont Completion Completion of Recont Completion Complet	abandonment* Its of multiple completion on Well appletion Report and Log form.) es, including estimated date of starting any	
### PRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT SHOOT OR ACIDIZE #### REPAIR WELL CHANGE PLANS #### (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dat proposed work. If well is directionally drilled, give subsurface locations and measured and true vertinent to this work.)*	Its of multiple completion on Well apletion Report and Log form.) es, including estimated date of starting any ical depths for all markers and zones perti-	

18. I hereby certify that the foregoing is true and correct SIGNED	TITLE	Drilling Clerk	DATE May 25, 1976
(This space for Federal or State office use)			
APPROVED BY	TITLE		DATE