

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R/424.

5. LEASE DESIGNATION AND SERIAL NO.

Jic. Apache Cont. #123

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jicarilla 123C

9. WELL NO.

21

10. FIELD AND POOL, OR WILDCAT

So. Blanco P.C.

11. SEC., T., R., M., OR BLM. AND
SURVEY OR AREA

Sec. 8, T-25-N, R-4-W
NMPM

12. COUNTY OR PARISH 13. STATE

Rio Arriba N.M.

1.

OIL ☐ GAS ☐
WELL WELL ☒ OTHER

2. NAME OF OPERATOR

Northwest Production Corporation

3. ADDRESS OF OPERATOR

PO Box 990, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

805'N, 840'E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7166'GL

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Operator Change ☒

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

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

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.) *

The operator of this well has been changed from El Paso Natural Gas Company to Northwest Production Corporation.



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

SIGNED A. H. Dices

TITLE Drilling Clerk

DATE April 14, 1976

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: