Form 9-331 Dec. 1973

100 mg

3. 151

Form Approved. Budget Bureau No. 42–R1424

OMITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	Jicarilla Apache Cont. #123
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	Jicarilla Apache
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
Do not use this form for proposals to drill or to deepen or plug back to a different eservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas g	Jicarilla 123 C
well well other	9. WELL NO.
2. NAME OF OPERATOR	18
El Paso Exploration	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	South Blanco P.C.
P. O. Box 289, Farmington, N. M. 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA Sec. 6, T25N, R4W NMPM
below.)	, , , , , , , , , , , , , , , , , , , ,
AT SURFACE: 650'/N, 800'/E	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	Rio Arriba New Mexico
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	6853' GR
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF'	
FRACTURE TREAT	
REPAIR WELL	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING 🗍	change on Form 9-330.)
MULTIPLE COMPLETE	
CHANGE ZONES	•
ABANDON* [] (other) Perform remedial work	
(other) refrorm remedial work	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stat including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertiner	lirectionally drilled, give subsurface locations and
It is proposed to tomporanily repair a casin	as look in the Dietuned Cliffs
It is proposed to temporarily repair a casin by installing 1 1/4" tubing with a 2 7/8" pa	
packer fluid will be placed in the tubing ca	
packer fluid will be placed in the cubing ca	ising annutus.
CHECKIVED AND SO	
RECEIVED	
	The state of the s
OCT 0	9 1313
U. S. GEOLO	GICAL SURVEY
FARMING	TON, N. M.
The second secon	
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
Production	DATE 10-2-79
SIGNED C. H. Keum TITLE Engineer	DATE
(This space for Federal or State of	fice use)
ADDROVED BY	DATE
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE :