UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

5.	LEASE		1.2			
	Jicari	11	a Car	+	127	
	Olcari	. I I	a. Cui	بمالا	143	

6.	IF INDIAN, ALLOTTEE OR	TRIBE	NAME
	Jicarilla		

7	LIBUT	ACDEELLENT	
7.	UINI	AGREEMENT	NAME

SUMPRI MUTICES AND REPORTS ON WELLS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
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 .	Jicarilla 123 C					
well Li other 2. NAME OF OPERATOR	9. WELL NO. 23					
El Paso Exploration Company	10. FIELD OR WILDCAT NAME					
3. ADDRESS OF OPERATOR	So. Blanco Pictured Cliffs					
Box 289, Farmington, New Mexico 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR					
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA Sec. 5, T-25-N; R-4-W					
below.)	N.M.P.M.					
AT SURFACE: 300 N, 1000 W AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE					
AT TOP FROD. INTERVAL: AT TOTAL DEPTH:	Rio Arriba New Mexioc					
E CHECK ADDRODDIATE DOV TO INDICATE NATURE OF NOTICE	14. API NO.					
6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA						
.,	15. ELEVATIONS (SHOW DF, KDB, AND WD)					
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	6885' G1					
TEST WATER SHUT-OFF						
FRACTURE TREAT						
REPAIR WELL	Alore B					
PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone change on Form 9-330.)					
MULTIPLE COMPLETE						
CHANGE ZONES	그 그 그 그 그 한 화 하는 것이 하는 숙소를 받는					
other) Change Name of Operator from Northwest Pr	oduction					

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.



NOV 2 1 1979

Subsurface Safety Valve: Manu. and Type		A	CAL SU	RVFY	Set @		Ft.	
18. I hereby certify that the foregoing is	s true and correct	nd correct		COLO.				
SIGNED D. Dusco	TITLE D	rilling Clerk	_ DATE _	Nove	mber	13,	1979	
	(This space for F	ederal or State office use	:)			- ; ;		—
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE		DATE					