Form 9-331 (May 1963)

UNITED STATES SUBMIT IN TRIPLICATE* (Other instructions on re-

Form approved
Budget Bureau No. 42-R1424.
DESIGNATION AND SERIAL NO.

DATE ____

El Paso Natural Gas Company Jicarilla 67 9. Well No. P. O. Box 990, Farmington, New Mexico 87401 4. Location of Well. (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1850' S, 820' E 1850' S, 820' E 15. Elevations (Show whether DF, RT, GR, etc.) 6597' GL Jicarilla 67 9. Well No. 18 (PC CH) 18 (PC CH) 19 FIELD AND POOL, OR Willingat So. Blanco P.C. Ext. and Otero Chacra Ext. 11. Sec., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, T-25-N, R-5-W NMPM 12. COUNTY OR PARISH 13. STATE Rio Arriba New Mexico		DEPARTM G	Jicarilla Apache Tribal		
S. Same of Greaters S. Same of Greaters El Paso Natural Gas Company Jicarilla 67 B. Manusco of Verbandor P. O. Box 990, Farmington, New Mexico 87401 S. Same also spece of Ir below.) At surface 1850' S, 820' E 1850' S, 820' E 18 Ferrille No. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Date Nortice of Internation of Internation Company Check Appropriate Box To Indicate Nature of Notice, Report, or Other Date Nortice of Internation of Internation Company Check Appropriate Box To Indicate Nature of Notice, Report, or Other Date Nortice of Internation of International Company International Report of International Company Other Date Nortice of Internation of International Company International Report of International Company Other Date Nortice of International Company International Report of International Company Other Date Nortice of Internation of International Company International Report of International Company International Report of International Company International Report of International Company Other Date of International Company	(Do not use this form for proposals to drill or to deepen or plur 5-5 to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)				Jicarilla Apache
El Paso Natural Gas Company 7. Ambers of Unitation P. O. Box 990, Farmington, New Mexico 87401 8. Locaries of Virtual City of the Company	OIL [7] GAS	L X OTHER			
P. O. Box 990, Farmington, New Mexico 87401 P. O. Box 990, Farmington, New Mexico 9740 Printed and Farmington 11 State 11 State 12 State	2. NAME OF OPERATOR				
P. O. Box 990, Farmington, New Mexico 87401 Sometimes of with the properties of an electric dearly and in accordance with any State requirements. 1850' S, 820' E 18. ELEVATIONS (Show whether of, R. G., etc.) 18. Thereby certify that the foregoing is true and correct P. O. Box 990, Farmington, New Mexico 87401 18. Thereby certify that the foregoing is true and correct Notice of Defection of the properties of an electric deaths and fire control of the properties of an electric and fire control of the properties of an electric and fire control of the properties of an electric and fire control of the properties of an electric and the control of the properties of an electric and the control of the properties of an electric and the control of the properties of an electric and the control of the properties of an electron. 18. Thereby certify that the foregoing is true and correct Notice of Defect of the properties of the properties of an electron. 18. Thereby certify that the foregoing is true and correct Observed certify that the foregoing is true and correct Observed certify that the foregoing is true and correct Observed certify that the foregoing is true and correct Observed certify that the foregoing is true and correct Observed certify that the foregoing is true and correct Observed certify that the foregoing is true and correct Observed certify that the foregoing is true and correct Observed certify that the foregoing is true and correct Observed certify that the foregoing is true and correct Observed certify that the foregoing is true and correct Observed certify that the foregoing is true and correct Observed certify that the foregoing is true and correct Observed certify that the foregoing is true and correct Observed certify that the foregoing is true and correct Observed certify that the foregoing is true and correct Observed certification. Observed certification is a certification of the foregoing is true and correct Observed certification in the foregoing is true and correct					
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice of Intention to: Schrift Water Brittons of the United States of Schrift States of Schri	P. O. BOX 4. LOCATION OF WELL See also space 17 At surface	990, Farming (Report location el below.)	So. Blanco P.C. Ext. and Otero Chacra Ext. 11. SEC., T., R., M., OR BLK. AND SUBVEY OR AREA Sec. 19, T-25-N, R-5-W		
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice of internation to: Schedulin Report of:	14. PERMIT NO.		1	er DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PRACTURE TREAT SHOOT OR ACIDIZE SHOT OR ACIDIZE SHOOT OR ACIDIZ			6597' GL		Rio Arriba New Mexico
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PRACTICE TREATMENT NHOOT OR ACIDIZE REPAIR WELL (Other) 17. DESCRIBE TREOUSED OR DOUBLETE OF STATEMENT SHOOTING OR ACIDIZING (Other) 18. 1 hereby certify that the foregoing is true and correct 18. 1 hereby certify that the foregoing is true and correct 18. 1 hereby certify that the foregoing is true and correct 18. 1 hereby certify that the foregoing is true and correct 18. 1 hereby certify that the foregoing is true and correct 18. 1 hereby certify that the foregoing is true and correct 18. 1 hereby certify that the foregoing is true and correct 18. 1 hereby certify that the foregoing is true and correct 18. 1 hereby certify that the foregoing is true and correct 18. 1 hereby certify that the foregoing is true and correct 18. 1 hereby certify that the foregoing is true and correct 18. 1 hereby certify that the foregoing is true and correct 18. 1 hereby certify that the foregoing is true and correct 18. 1 hereby certify that the foregoing is true and correct 18. 1 hereby certify that the foregoing is true and correct 18. 1 hereby certify that the foregoing is true and correct 18. 1 hereby certify that the foregoing is true and correct 18. 1 hereby certify that the foregoing is true and correct 18. 1 hereby certify that the foregoing is true and correct 18. 1 hereby certify that the foregoing is true and correct 18. 1 hereby certify that the foregoing is true and correct 18. 1 hereby certify that the foregoing is true and correct 18. 1 hereby certify that the foregoing is true and correct 18. 1 hereby certify that the foregoing is true and correct 18. 1 hereby certify that the foregoing is true and correct 18. 1 hereby certify that the foregoing is true and correct 18. 1 hereby certify that the foregoing is true and correct 18. 1 hereby certify that the foregoing is true and correct 18. 1 hereby certify the foregoing is true and correct 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.		NOTICE OF INTENT	rion to:	SUBS	SEQUENT REPORT OF:
17. Describing reconsists on complete and notice 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.) 18. Thereby certits that the foregoing is true and correct 19. Drilling Clerk Drilling	FRACTURE TREAT SHOOT OR ACIDIZE	3 A	ULTIPLE COMPLETE BANDON*	FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other)	ALTERING CASING ABANDONMENT*
Cemented with 142 cu. ft. cement. Circulated to surface. W.O.C. 12 hours; held 600#/30 minutes. MAY OIL CO DIST 18. I hereby certify that the foregoing is true and correct Drilling Clerk Drilling Clerk May 18, 1977	proposed work, nent to this wor	If well is direction k.) *	nally armied, give subsurface	locations and measured and true ve	tes, including estimated date of starting any trical depths for all markers and zones perti-
M. Duniel Drilling Clerk Daw 18, 1977	05-18-77	Cemented wi	th 142 cu. ft. ce	ement. Circulated to	125' set at 137'. surface. W.O.C. 12
M. Duniel Drilling Clerk Daw 18, 1977					MAY ? OIL CON DIST
	_///	hat the foregoing is	100	Drilling Clerk	DATE May 18, 1977

TITLE _

APPROVED BY _____CONDITIONS OF APPROVAL, IF ANY: