

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☒ well gas ☐ well other ☐
2. NAME OF OPERATOR ARCO Oil and Gas Company
Division of Atlantic Richfield Company
3. ADDRESS OF OPERATOR
P.O. Box 5540, Denver, Colorado 80217
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 2130' FSL and 2000' FWL
AT SURFACE: (NE SW) Unit K
AT TOP PROD. INTERVAL: Approx same
AT TOTAL DEPTH: Approx same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

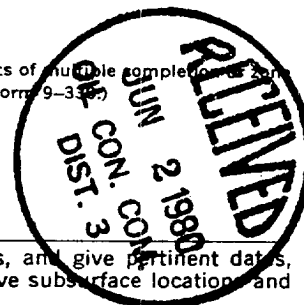
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>

(other) To change well name.

5. LEASE
Jicarilla Contract #111
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla
7. UNIT AGREEMENT NAME
- - - -
8. FARM OR LEASE NAME
Jicarilla "H"*
9. WELL NO.
106*
10. FIELD OR WILDCAT NAME
W. Lindrith - Gallup/Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 8-24N-4W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
New Mexico
14. API NO.
30-039-22036
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6685' GL

(NOTE: Report results of multiple completion or log change on Form 9-331-C)



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 location and measured and true vertical depths for all markers and zones pertinent to this work.)*

To change well name from Jicarilla 106 to Jicarilla "H" 106.
All other information remains unchanged.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED W. B. White TITLE Operations Manager DATE May 2, 1980

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

MAY 29 1980

FARMINGTON DISTRICT

BY _____