5. LEASE

Jicarilla Contract 146

## **UNITED STATES** DEPARTMENT OF THE INTERIOR CECLOCICAL CHIDNEY

GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
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.)	7. UNIT AGREEMENT NAME  8. FARM OR LEASE NAME
1. oil gas well other	Jicarilla Contract 146  9. WELL NO.
<ul> <li>2. NAME OF OPERATOR     Amoco Production Company</li> <li>3. ADDRESS OF OPERATOR     501 Airport Dr., Farmington, NM 87401</li> <li>4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)     AT SURFACE: 830' FNL x 1780' FEL     AT TOP PROD. INTERVAL: Same     AT TOTAL DEPTH: Same</li> </ul>	34  10. FIELD OR WILDCAT NAME Otero Chacra/Gonzales Mesaverd 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NW/4, NE/4, Section 3 T25N, R5W  12. COUNTY OR PARISH 13. STATE Rio Arriba New Mexico 14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	30-039-22560 15. ELEVATIONS (SHOW DF, KDB, AND WD) 6574 G.L.
REQUEST FOR APPROVAL TO:  TEST WATER SHUT-OFF  FRACTURE TREAT  SHOOT OR ACIDIZE  REPAIR WELL  PULL OR ALTER CASING  MULTIPLE COMPLETE  CHANGE ZONES  ABANDON*  (other)  APD Extension	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertined	firectionally drilled, give subsurface locations and nt to this work.)*
Amoco Production Company requests an extens as the approval expires 12-19-81. Our plan in the near future.	
σ )	EC 1 5 1981 CON. COM. DIST. 3
Subsurface Safety Valve: Manu. and Type	Set @ Ft
18. I hereby certify that the foregoing is true and correct	

\_\_\_\_\_ TITLE Dist. Engineer

\_ DATE \_

DEC 1 4 1981

(This space for Federal or State office use)
RAYMOND W. VINYARD
APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

1 2 5 6 6 7 Federal or State office use)
RAYMOND W. VINYARD
TITLE ACTING DISTRICT SUITEWISOR DATE

\*See Instructions on Reverse Side

SIGNED \_\_\_\_

