5. LEASE

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

DEPARTMENT OF THE INTERIOR	Jicarilla Contract # 119
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	Jicarilla
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
eservoir, use rotal 5-331-C for such proposals.)	O. TARINI OR LEASE IVAINE
1. oil gas well other	Jicarilla 119 N 9. WELL NO.
2. NAME OF OPERATOR	3
El Paso Exploration Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Tapacito 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
below.)	Sec 5., T-26-N, R-4-W
AT SURFACE: 1720' South, 826' West	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)
	7291' GL
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	1601 01
rest water shut-off 🔲 🔲	
FRACTURE TREAT	
SHOOT OR ACIDIZE	
REPAIR WELL	(NOTE: Report results of multiple completion or zone change on Form 9-330.)
MULTIPLE COMPLETE	change on Form 9-550.)
CHANGE ZONES	
ABANDON*	
(other) Change Name of Operator from Northwest Pr	oduction
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 Effective August 29, 1979, Northwest Production Con Exploration Company.	irectionally drilled, give subsurface locations and nt to this work.)*
	007-
	0" 12 1970
	OIL CON 2019
	Dier COM.
Subsurface Safety Valve: Manu. and Type	Set @SFt.
18. I hereby certify that the foregoing is true and correct	
SIGNED 1. D. Dusco TITLE Drilling Cler	k DATE September 24, 1979
(This space for Federal or State off	ice use)
APPROVED BY TITLE	DATE
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE

Ollaf

*See Instructions on Reverse Side

00T 1 0 1S79

U. C. CHOLOCHOLL CURVE