5. LEASE

Jicarilla Cont. 119
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

	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	7. UNIT AGREEMENT NAM	E.,
(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.)	8. FARM OR LEASE NAME	
1. oil gas G	Jicarilla 119 N	
well gas other		
2. NAME OF OPERATOR	9. WELL NO.	
	6	
El Paso Exploration Company	10. FIELD OR WILDCAT NAM	IE .
3. ADDRESS OF OPERATOR	Tapacito Picture	ed 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. 7, T-26-N,	R-4-W N.M.P.
AT SURFACE: 1100' North, 870' East	12. COUNTY OR PARISH 1:	3. STATE
AT TOP PROD. INTERVAL:	Rio Arriba	New Mexico
AT TOTAL DEPTH:	14. API NO.	New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. 71110.	
REPORT, OR OTHER DATA	15 SUSTIGNATIONS	····
	15. ELEVATIONS (SHOW DF, KDB, AND WD)	
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	7097' GL	·
TEST WATER SHUT-OFF	ι .	
FRACTURE TREAT	•	;e
SHOOT OR ACIDIZE		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
REPAIR WELL	(NOTE: Poppet results of male	
PULL OR ALTER CASING 🗍	(NOTE: Report results of multip change on Form 9-330.)	le completion or zone
MULTIPLE COMPLETE	1. 24	,
CHANGE ZONES	그 문화 기계	
ABANDON*		
other) Change Name of Operator from Northwest Pro	oduction	,
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinen		e pertinent dates, ace locations and
		•
Effective August 29, 1979, Northwest Production Cor	poration was changed t	o El Paso
Exploration Company.	Francisco was changed (.o El (abo
- ().		
		•
	*	
	AL	A Commence
	TOOT	2 1070
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	.2 1979
	\ OIL CO	V. COM.
ubsurface Safety Valve: Manu. and Type	Set DIS	
8. I hereby certify that the foregoing is true and correct	Di Di	
IGNED J. Susco TITLE Drilling Clerk	k DATE September 2	4 1070
THE STATE OF THE S	- DATE SUPERINGET 2	4) 17/7
(This space for Federal or State office	e use)	
PPROVED BYTITLE		
PPROVED BY TITLE ONDITIONS OF APPROVAL, IF ANY:	DATE	

alkal

OCT 1 0 1979