Form Approved. Budget Bureau No. 42-R1424

5. LEASE

UNITED STATES DEPARTMENT OF THE INTERIOR

DEPARTMENT OF THE INTERIOR		Tribe #105
	GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
		Jicarilla Apache
	DRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(Do not use reservoir, Us	this form for proposals to drill or to deepen or plug back to a different se Form $9-331-C$ for such proposals.)	8. FARM OR LEASE NAME
1. oil	☐ gas Ø (Jicarilla "A"
well	well X other Supson & neigh	9. WELL NO.
2. NAME OF OPERATOR GORDON, L. Llewellyn as trustee		10-E
John H. Hill Henry Hill Jr.		10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR Suite 210, 17400 Dallas Pkwy		
The Lakes at Bent Tree, Dallas, Texas 75252		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)		E5-Sec. 23-T26N-R4W
AT SURFACE: 1690'/N & 1680'/E		12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:		Rio Arriba New Mexico
AT TO	OTAL DEPTH:	14. API NO.
	K APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA		15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST	FOR APPROVAL TO: SUBSEQUENT REPORT OF:	7140' GR
•	TER SHUT-OFF	
FRACTURI	E TREAT	
SHOOT SIRX XCIONZEY X		
	ALTER CASING	(NOTE: Report results of multiple completion or zone change on Form 9-330.)
	E COMPLETE	and the second s
CHANGE ZONES		
(other)		
includ	CRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stated ding estimated date of starting any proposed work. If well is consured and true vertical depths for all markers and zones pertined	lirectionally drilled, give subsurface locations and
1.	Logged well, ran Gamma Ray and Neutron Lo	gs.
	70.50 70.55 70.50	
2.	Perforated Greenhorn 7960, 7955, 7950, 3	Tolson snots.
3.	Perforated Graneros 7998, 8004, 8010, 801	6, 8021, 8027, 8033, 8039,
	8045, 8050.	
4. Perforated Dakota #1= 8106, 8112, 8118, 8124.		124.
	#2 Section = 8145, 8151, 8157, 8163. #3 Section = 8178, 8184, 8190 all with 21	Tolson shots solost fire
	#3 Section = 61/6, 6164, 6190 all with 21	Torson shots select life.
Subsurface Safety Valve: Manu. and Type		Set @ Ft.
18. I hereby certify that the foregoing is true and correct		
20. 1.1.01	Vernage Millallin S. A.	DATE
SIGNED	WYLLE SUPV.	DATE
50 to ## 8 8 5	(This space for Federal or State of	
	BY: 10.30	DATE
CONDUIO	NS OF APPROVAL, IF ANY: NS OF APPROVAL, IF ANY:	
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