5. LEASE

UNITED STATES DEPARTMENT OF THE INTERIOR

DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	Contract No. 103 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
GEOLOGICAL SURVEY	1
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different eservoir. Use Form 9–331–C for such proposals.)	Jicarilla Apache 7. UNIT AGREÉMENT NAME
	8. FARM OR LEASE NAME
1. oil gas 🕝	Jicarilla "H"
well well to other	9. WELL NO.
2. NAME OF OPERATOR	6-Y
Union Texas Petroleum Corporation	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	B.S. Mesa Gallup: Basin Dakot
P. O. Box 808, Farmington, New Mexico	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.) AT SURFACE: 990 ft./S; 1070 ft./W line	Sec. 20, T26N, R4W, N.M.P.M.
AT TOP PROD. INTERVAL: Same as above	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH: Same as above	Rio Arriba New Mexico 14. API NO.
6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.	14. API NO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
التحمر	6750 ft. R.K.B.
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF FRACTURE TREAT SHOOT OR ACIDIZE PULL OR ALTER CASING MULTIPLE COMPLETE	777
FRACTURE TREAT	o de la companya de l
FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES	, The state of the
REPAIR WELL 1981	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9-330.)
MULTIPLE COMPLETE	ENK!
CHANGE ZONES X	L.
PULL OR ALTER CASING	
, U. FA.,	
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	irectionally drilled, give subsurface locations and
This well was originally approved as a Dakota-	-Gallum dual completion After
logging, it was decided that a Dakota-Mesavero	
feasible. We request your permission to compl	
verde dual. All other procedures will remain	the same.
	<u> </u>
	Aug.
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED Kinneth E. Killy TITLE Production Sur	ot. DATE October 26, 1982
/ (This space for Federal or State offi	ce use)
APPROVED BY TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	
NMOCO	ADDDOVED
1 1 1 1 W T T	

*See Instructions on Reverse Side

