REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING MULTIPLE COMPLETE

CHANGE ZONES ABANDON\*

10.

## UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

Dec. 1973	Budget Bureau No. 42-R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	Jic. Cont. #152
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	Jic. Apache
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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 C gas IV	Jicarilla 152 W
well gas well other	9. WELL NO.
2. NAME OF OPERATOR	3E
El Paso Exploration Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Basin Dakota
P.O. Box 289, Farmington, NM 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREASec. 7, T-26-N, R-5-W
AT SURFACE: 1120'N, 790'E	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)
	7020' GL
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF   FRACTURE TREAT	

🛶 (NQTE: Report results of multiple completion or zone change on Form 9-330.)

(other) Change Plan U. S. GIBEOCICAL SURLEY 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.

This well has been approved as a Gallup Dakota dual. We now plan to complete the well as a single Dakota.

MAY 20 1982

\_ Set @ \_\_\_\_\_ Subsurface Safety Valve: Manu. and Type \_ 18. I hereby certify that the foregoing is true and correct TITLE Drilling Clerk May 18, 1982 uscò DATE . (This space for Federal or State office use) DATE APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

wh &