Form	9-331
(May	1963)

TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)

UNITED STATES SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

GEOLOGICAL SURVEY

Form approved. Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

		Cont	ract	2	37	
6.	IF	INDIAN,	ALLOTTEE	OR	TRIBE	NAME

SUNDRY	NOTICES A	AND	REPORTS	ON '	WELLS	

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.

Use "APPLICATION FOR PERMIT—" for such proposals.)

Jicarilla Tribal

100 Patrician Conton Building Formington New Mexico	8-30	
3. ADDRESS OF OPERATOR	9. WELL NO.	
BENSON-MONTIN-GREER DRILLING CORP.	Jicarille	
2. NAME OF OPERATOR	8. FARM OR LEASE NAME	
OIL GAS WELL OTHER		
I.	7. UNIT AGREEMENT NAME	

m, 158 Petroleum Center

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)

10. FIELD AND POOL, OR WILDCAT Puerto Chiquito

11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA

1980' FNL, 660' FEL, Sec. 30, T-27N, R-1E

15. ELEVATIONS (Show whether DF, RT, GR, etc.) 14. PERMIT NO.

Sec. 30, T-27N, R-1E 12. COUNTY OR PARISH | 13. STATE

Rio Arriba New Mexic

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOT	CE OF	F INTENTION TO:	1	SUBSEQUENT REPORT OF:			
FF		PULL OR ALTER CASING		WATER SHUT-OFF		REPAIRING WELL	_
		MULTIPLE COMPLETE		FRACTURE TREATMENT	_	ALTERING CASING	
		ABANDON*		SHOOTING OR ACIDIZING		ABANDONMENT*	l
		CHANGE PLANS		(Other) Change of	Well	Mumber	X
				(Note: Report results Completion or Recomp	s of multiple	completion on wei	l

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.)*

Effective immediately, the number of this well is changed from Jicarilla H-30 to Jicarilla 8-30.

RECEIVED

8 1964 APR

U. S. GEOLOGICAL SURVEY

18. I hereby certify that the foregoing is true and correct Vice-President DATE SIGNED (This space for Federal or State office use) TITLE APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side