For (M

14. PERMIT NO.

16.

BMIT IN TRIPLICATE				F
other instructions on re	-			-
rse side)	- 1	Э.	LEASE	. 1

12. COUNTY OR PARISH

New Mexico

Rio Arriba

Form 9-331 (May 1963)	UNITED STATES  SUBMIT IN TRIPLION (Other instructions)  DEPARTMENT OF THE INTERIOR verse side)  GEOLOGICAL SURVEY	on re- 5. LEASE DESIGNATION AND SERIAL NO.  Jicarilla 511  30-039-21036
SU (Do not use th	NDRY NOTICES AND REPORTS ON WELLS his form for proposals to drill or to deepen or plug back to a different reservoir Use "APPLICATION FOR PERMIT—" for such proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME  Jicarilla
OIL X GAS WELL X WELL	L OTHER	7. UNIT AGBEEMENT NAME
2. NAME OF OPERATOR Union Oi	il Company of California	8. FARM OR LEASE NAME  Jicarilla 31
	ox 2620 - Casper, Wyoming 82601	9. WELL NO. 1
4. LOCATION OF WELL See also space 17 t At surface	(Report location clearly and in accordance with any State requirements.* below.)	Wildcat  11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
57	77' FSL & 2303' FWL	Sec. 31, T.30N.,R.1W.

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

74421 G.L.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:			
	PULL OR ALTER CASING		WATER SHUT-OFF	REPAIRING WELL	
TEST WATER SHUT-OFF FRACTURE TREAT	MULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERING CASING	
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING	ABANDONMENT*	
REPAIR WELL	CHANGE PLANS		(Other) Supplementary Wel	1 History	X
(Other)			(Note: Report results of multip	ole completion on Well	1

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.)\*

Drilling at 5210'. Incomplete.



18. I hereby certify that the foregoing is true and corre		Dietriet	Drilling Supt.		1-24-75
SIGNED FOR R. G. Ladd	Jr. TITLE _	DISCITCE	Diffing Supt.	DATE	1-24-15
(This space for Federal or State office use)					
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE _			DATE	