5. LEASE

UNITED STATES

DEPARTMENT OF THE INTERIOR		NH = 02707	
GEOLOGICAL SURVEY		6. IF INDIAN, ALLOTTEE	OR TRIBE NAME
GEOLOGICA		N.A.	
SUNDRY NOTICES AND	PEPORTS ON WELLS	7. UNIT AGREEMENT NA	AME
SUNDRY NOTICES AND	or to deepen or plug back to a different	N.A.	
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.)		8. FARM OR LEASE NAM	
1. oil gas		Tommy Bolac	<u>K</u>
well well X other		9. WELL NO. 1	•
2. NAME OF OPERATOR		10. FIELD OR WILDCAT N	AMF
Tom Bolack		Basin Dakot	
3. ADDRESS OF OPERATOR P. O. Boy 255 Farmington, NM 87401		11. SEC., T., R., M., OR BLK. AND SURVEY OR	
P.O. Box 255, Farmington, NM 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17		AREA	
		S1, T30N-R12W,	N.M.P.M.
below.)	rom South & West lin	12. COUNTY OR PARISH	13. STATE
AT TOP PROD. INTERVAL:	70m 50000	San Juan	New Mexico
AT TOTAL DEPTH: Same		14. API NO.	
S CHECK APPROPRIATE BOX TO	O INDICATE NATURE OF NOTICE,	30-045-2457	5
REPORT, OR OTHER DATA		15. ELEVATIONS (SHOW	DF, KDB, AND WD)
		5736 Gr.	
REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:	The state of the s	
TEST WATER SHUT-OFF		A CONTRACTOR OF THE PARTY OF TH	
FRACTURE TREAT			
SHOOT OR ACIDIZE	H	(NOTE: Report results of m	uttiple completion or zone
PULL OR ALTER CASING		change on Form, 9	-330.)
MULTIPLE COMPLETE		012 0	ison I
CHANGE ZONES			Monard
ABANDON* (other) alter proposed	casing program	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7. 5
(other) area F		ii lataila an	d give pertinent dates.
17. DESCRIBE PROPOSED OR CO	MPLETED OPERATIONS (Clearly statements) arting any proposed work. If well is state for all markers and zones pertine	te all pertinent details, and directionally drilled, give su	bsurface locations and
including estimated date of St	pths for all markers and zones pertine	ent to this work.)*	
			1
Operator propo	oses to change origin	ial casing and	10 5 / 9! 36 0
- 0 - 1011	- anding and / //X	nnie io laba to)) () () () () ()
	anning and an 8 1/4	note to total	deben co do
comodate a possible	e 7", 23.0 $\%$, K-55, S'	rac production	casing sering
		7	2 - 4 2
		•	
		. -	
		•	
			\$ \$2.5
			<u>.</u> .
o i stana Sofaty Valve: Manii at	nd Type	S	et @ Ft
18. I hereby certify that the forego	oing is true and correct	0.4-1-	r 7, 1980
	CEAT TITLE Agent	DATE Octobe	r /, 1900
SIGNED / CHIEF	(This space for Federal or State	office use)	
	(This space for rederal of State	Office addy	
T ADDROVED BY	TITLE	DATE	
CONDITIONS OF APPROVAL OF ANY	:		- 1
			-
QCT 0 8 1980		e L La	:
7	*See Instructions on Rever	se Side	
True Hamolx	See instructions on Rever		
LA DISTRICT ENGINEER			
1. JY OIOTHOT ENGINEER	1		

NMOCQ.