5. LEASE

UNITED STATES DEPARTMENT OF THE INTERIOR

DEPARTMENT OF THE INTERIOR	NM2 702 4
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	N/A
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.)	N/A
eservoir. Use rorm 9-351-C for Such proposals.)	8. FARM OR LEASE NAME
1. oil gas well X other	Mesa Twin Mounds-30 9. WELL NO.
2. NAME OF OPERATOR	#1 \$4.80 P.3
LOBO PRODUCTION	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Basin Dakota-WC Gallup
P.O. Box 2364, Farmington, New Mex.	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17	AREA
below.)	Sec. 30, T 30N, R 14W
AT SURFACE: 790'FNL 990' FWL AT TOP PROD. INTERVAL: Same	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH: Same	San Juan New Mex.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.	14. API NO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	To ELECTION (ORGAN DI, KDB, AND ND)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	BEREIVED
TEST WATER SHUT-OFF	DEGETVE
SHOOT OR ACIDIZE	M. P.
REPAIR WELL	(NOTE: Report results of multiple completion of zone
PULL OR ALTER CASING	change on Form,9-330.)
CHANGE ZONES	OIL CON. DIV.
	DIST. 3
(other) Duel Completion	
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.)*	
model of and the following septiments and manners and zeroes portinent	# 2.5
Propose to Duel Complete Dakota-Gallup zone	s using:
1. Dakota Completion string 1 1	
	with bottom of 1 1/2" set at
5550' .	41611 71 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. Gallup production string 2 1	./16 Ij. Landed with bottom
at 5170'.	
	医二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基
* State Oil and Gas Commission please note	
Reference C 107 dated 8-3-83. Verbal	
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. Thereby certify that the foregoing is true and correct	
16. Thereby Certify that the lotephing is true and correct	(1) 1 (1) 1
SIGNED TITLE Operator	DATE9=10-83
(This space for Federal or State offi	ce use)
APPROVED BYTITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	158 July 1883
	9 1 Januahle
	STATE OF THE STATE
*See Instructions on Reverse S	side ANA AREA MANAGER
	Actua

7