

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

SUNDRY NOTICES 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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. JICARILLA CONTRACT 413	
2. NAME OF OPERATOR DAVE M. THOMAS, JR.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME JICARILLA APACHE	
3. ADDRESS OF OPERATOR P. O. BOX 2026, FARMINGTON, NM 87499-2026		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  400' FNL; 1500' FWL OF SECTION 14		8. FARM OR LEASE NAME CHACON JICARILLA APACHE 'D'	
14. PERMIT NO.		9. WELL NO. 11	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7318' R.K.B.		10. FIELD AND POOL, OR WILDCAT LINDRITH GALLUP-DAKOTA WEST	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 14, T23N, R3W	
		12. COUNTY OR PARISH: 13. STATE RIO ARriba NM	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> CHANGE IN OPERATOR	
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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.)\*

CHANGE OF OPERATOR:

FROM: ELF AQUITAINE, INC.  
1000 LOUISIANA, SUITE 3800  
HOUSTON, TEXAS 77035

TO: DAVE M. THOMAS, JR.  
P. O. BOX 2026  
FARMINGTON, NEW MEXICO 87499-2026

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature]  
(This space for Federal or State office use)

TITLE OFFICE MANAGER

DATE MAY 4, 1989

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

NMOCC

DATE

AUG 10 1989

RECEIVED

AUG 5 1989

ACCEPTED FOR RECORD

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY