UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

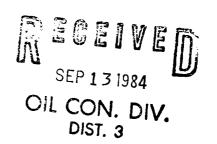
	5. LEASE Contract 55-A		
1	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache		
	7. UNIT AGREEMENT NAME		
t	8. FARM OR LEASE NAME Chacon Jicarilla Apache "D"		
	9. WELL NO. 111		
	10. FIELD OR WILDCAT NAME West Lindrith Gallup - Dakota		
7	11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA Sec. 36, T23N, R3W		
	12. COUNTY OR PARISH 13. STATE Sandoval New Mexico		

GEOEGGIONE SOUVE	Jicarilla Apache
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 eservoir. Use Form 9-331-C for 知识 pagaoa49-)	8. FARM OR LEASE NAME Chacon Jicarilla Apache "D"
1. oil gas other other	9. WELL NO. 111
2. NAME OF OPERATOR Dave M. Thomas, Jr.	10. FIELD OR WILDCAT NAME West Lindrith Gallup - Dakota
3. ADDRESS OF OPERATOR P. O. Box 2026, Farmington, New Mexico 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA Sec. 36, T23N, R3W
below.) AT SURFACE: 990'FSL, 1850'FEL AT TOP PROD. INTERVAL: same	12. COUNTY OR PARISH 13. STATE New Mexico
AT TOTAL DEPTH: same 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD 7192 GL 7204 KB
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	

REQUE TEST WATER SHUT-OFF FRACTURE TREAT RECEINOTE: Report results of multiple completion or zone SHOOT OR ACIDIZE REPAIR WELL change on Form 9-330.) PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES BUREAU OF EARLY ASSET FARMINGTO ERROCOPTO FREA ABANDON* see below (other)

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.)*

Reserve pit covered and reseeded with BIA (Jicarilla) seed mix No. 13 8-28-84.



Subsurface Safety Valve: Manu. and Type		Set @ Ft.
18. I hereby certify that the foregoing is t	rue and correct Production	Superintendent September 6, 1984
	(This space for Federal or S	
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	ACCEPTED FOR RECORD

*See Instructions on Reverse Side

SEP 10 1884

FARMINGTON RESOURCE AREA BY EBB

