

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for ~~well data~~ ~~data~~)

1. oil well ☒ gas well ☐ other ☐
2. NAME OF OPERATOR
Dave M. Thomas, Jr.
3. ADDRESS OF OPERATOR
P. O. Box 2026, Farmington, New Mexico
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990' FSL, 1850' FEL
AT TOP PROD. INTERVAL: same
AT TOTAL DEPTH: same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) see below

SUBSEQUENT REPORT OF:

- ☐
☐
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(NOTE: Report results of multiple completion or zone change on Form 9-330.)

SEP 07 1984

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE
Contract 55-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Chacon Jicarilla Apache "D"
9. WELL NO.
111
10. FIELD OR WILDCAT NAME
West Lindrith Gallup - Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 36, T23N, R3W
12. COUNTY OR PARISH
Sandoval
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7192 GL 7204 KB

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.

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OIL CON. DIV.
DIST. 3

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Donna Blum TITLE Production Superintendent DATE September 6, 1984

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

SEP 12 1984

FARMINGTON RESOURCE AREA

BY CEB