Form 9-331 (May 1963)	UNITED STATES SUBMIT IN TRIPLICATE* DEPARTMENT OF THE INTERIOR (Other instructions on re-				[[TAT]	Form approved. Budget Bureau No. 42-R1424. LEASE DESIGNATION AND SERIAL NO.	
	DEI AII	GEOLOGICAL SURVEY			65		
		6. IF INDIAN, ALLOTTEE OR THISE NAME					
SUN	NDRY NO	otices and repo	ORTS C	ON WELLS			
(Do not use this	Jicarilla	Jicarilla Apache					
1.		7. UNIT AGREEMENT NAME					
OIL X GAS WELL							
2. NAME OF OPERATOR	OTHE	8. FARM OR LEASE I	8. FARM OR LEASE NAME				
	Co	Jicarilla	Jicarilla 22				
3. ADDRESS OF OPERATO	9. WELL NO.	9. WELL NO.					
	3	3					
4. LOCATION OF WELL (10. FIELD AND POOL						
See also space 17 be At surface	Undesignated	Undesignated Gallup Undesignated Dakota					
	11. SEC., T., R., M., C	11. SEC., T., B., M., OR BLK. AND SUBVEY OR AREA					
		0' FNL, 890' FWL	•	•			
					Sec. 22,	T25N, R4W	
14. PERMIT NO.		15. ELEVATIONS (Show	whether DF,	RT, GR, etc.)	12. COUNTY OF PAR	SH 13. STATE	
		7004' Gr., 7018' KB			Rio Arriba	New Mexic	
16.	Charl.			ature of Notice, Report, o	r Other Data		
		• •	uicuie i 1				
NOTICE OF INTENTION TO:					SEQUENT REPORT OF:	QUENT REPORT OF:	
TEST WATER SHUT-	OFF	PULL OR ALTER CASING		WATER SHUT-OFF	REPAIRIN	G WELL	
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERING	CASING	
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING	ABANDON		
REPAIR WELL					Producing Method X sults of multiple completion on Well		
(Other)				Completion or Reco	empletion Report and Log	form.)	
17. DESCRIBE PROPOSED proposed work.	OR COMPLETED If well is dis	OPERATIONS (Clearly state a rectionally drilled, give subsu	ll pertinent rface locat	t details, and give pertinent da ions and measured and true ver	ites, including estimated or rtical depths for all mark	date of starting any ters and zones perti-	
nent to this work.) *						
					•		
common wel	l bore a	nd producing thro	ough si	up and Dakota prod ngle tubing string			
NMOGCC Adm	inistr a t	ive Order No. DHO	2 - 67, d	lated 9-28-70.			
					THE MARK	· ·	
						1	
				\$ NO	والمراجعة المساورين		
					- <u>6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>	•	
				1			
					and the second of the second o		
USGS Durang	go(6) F	ile			• ·		
18. I hereby certify the	at the foregol	ng is true and correct					

*See Instructions on Reverse Side

TITLE _

(This space for Federal or State office use)

APPROVED BY ______CONDITIONS OF APPROVAL, IF ANY:

TITLE Administrative Supervisor

DATE 12-2-70

DATE _

At.