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 such proposals.)

1. oil well ☐   gas well ☐   other

2. NAME OF OPERATOR
El Paso Exploration Company

3. ADDRESS OF OPERATOR
Box 289, Farmington, New Mexico 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1850' South, 1000' West
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE	Jicarilla Cont. #120
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	Jicarilla
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME	Jicarilla 120C
9. WELL NO.	4
10. FIELD OR WILDCAT NAME	S. Blanco P.C.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	Sec. 29, T-26-N, R-4-W NMPM
12. COUNTY OR PARISH	Rio Arriba
13. STATE	New Mexico
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD)	6785' GL

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

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

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

(other)   Change Name of Operator from Northwest Production

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.)*

Effective August 29, 1979, Northwest Production Corporation was changed to El Paso Exploration Company.

RECEIVED

NOV 2 1 1979

GEOLOGICAL SURVEY
COLO.

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

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

SIGNED _____ TITLE _Drilling Clerk_ DATE _ October 9, 1979 ___

(This space for Federal or State office use)

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

*See Instructions on Reverse Side