

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

Form approved,
Budget Project No. 12-RF124
5. LEASE IDENTIFICATION AND SERIAL NO.

NW 5030

6. IF INDIAN, ALLOTTEE OR TRIBAL NAME

Jicarilla Contract #67

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jicarilla 67

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

So. Blanco PC

Otero Chacra

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 19, T25N, R5W N.M.P.

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

El Paso Natural Gas Company

3. ADDRESS OF OPERATOR

P. O. Box 990, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface

1700' N, 990'E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6534' GL

12. COUNTY OR PARISH 13. STATE

Rio Arriba

New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

DRILL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

Commingle production X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

It is intended to commingle production from the Pictured Cliffs and Chacra zones through a single 1 1/4" tubing string set at the base of the Chacra perforations as authorized by N.M.O.C.C. Order No. R-5351.



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

SIGNED

L. E. McCall

TITLE

Production Engineer

DATE

9-9-77

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

RECEIVED

DATE

Okai

*See Instructions on Reverse Side