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Form 9-331 (May 1963)	UNITED STATES	SUBMIT IN TRIPLICATE* (Other instructions on re-	Form approved. Budget Bureau No. 42-R1424.
[	DEPARTMENT OF THE INTERI	OR verse side)	5. LEASE DESIGNATION AND SERIAL NO.  Tract 251 Contract 000154
	GEOLOGICAL SURVEY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	RY NOTICES AND REPORTS C m for proposals to drill or to deepen or plug b se "APPLICATION FOR PERMIT—" for such pr		Jicarilla Apache
1.			7. UNIT AGREEMENT NAME
WE'L GAS WELL X	OTHER		
2. Name of OPERATOR  Marathon Oil Company			8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR			Jicarilla Apache
P. O. Box 2659, Casper, Wyoming 82602			20
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface			10. FIELD AND POOL, OR WILDCAT
			So. Blanco Pictured Cliff
			11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA
850' FSL and 8	B50' FWL		
			Section 27, T26N, R5W
14. PERMIT NO.	15. ELEVATIONS (Show whether DF,		12. COUNTY OF PARISH 13. STATE
	6,674' G.L. and 6	,000 N.B.	Rio Arriba   New Mexico
16.	Check Appropriate Box To Indicate N	ature of Notice, Report, or C	Other Data
NOT	ICE OF INTENTION TO:	SUBSEQU	JENT REPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other) Dual Comple	of multiple completion on Well
(Other)		Completion or Recompl	etion Report and Log form.)
proposed work. If we nent to this work.) *	MPLETED OPERATIONS (Clearly state all pertinent ell is directionally drilled, give subsurface locat	t details, and give pertinent dates, ions and measured and true vertica	including estimated date of starting any il depths for all markers and zones perti-
This well was	dual completed as follows:		
	ictured Cliffs 3,084'-3,124' gun, 12 gram charges. Well		
Otero Chacra 3 gun with jumbo	,957'-3,965', perforated wit jets. Well will produce th	th 9 shots, 3-1/8" ho brough tubing.	llow carrier casing
			The state of the s
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			070141978
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18. I hereby certify that the	e foregoing is true and correct  TITLE  Dis	trict Operations Mana	ager <sub>DATE</sub> 12-8-78
(This space for Federal			
(This phace for Lengist)	or state outce use)		

DATE \_\_\_

TITLE \_