UNITED STATES

UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	Tribe #105
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	Jicarilla Apache
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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.)	8. FARM OR LEASE NAME
1. oil gas 🔽 🖟	Jicarilla "A"
well well other Supran Emergy	9. WELL NO.
2. NAME OF OPERATOR Gordon L. Llewellyn as Trustee	11
for Johannah Hope Hill & John H. Hill Benry Hill Jr.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR Suite 210, 17400 Dallas Pkw	vBlanco Mesaverde-Basin Dakota
The Lakes At Bent Tree, Dallas, Texas 75252	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.)	E≒-Sec. 23-T26N-R4W
AT SURFACE: 1690'/N & 1680'/E	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	Rio Arriba New Mexico
	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
DECUEST FOR APPROVAL TO. CURRENT PERCET OF	7140' GR
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT QE:	
FRACTURE TREAT	とし こうしゅう こうしゅ こうしゅう こうしゅう こうしゅう こうしゅう こうしゅう こうしゅう しゅうしゅう しゅう
SHOOT OR ACIDIZE	A Company of the Comp
REPAIR WELL	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9-330.)
MULTIPLE COMPLETE	10 CON
CHANGE ZONES	
(other)	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertinent.	irectionally drilled, give subsurface locations and
1. Drilled 9 7/8" hole to 4096'.	
2. Ran 98 jts. (4083') of 7 5/8", 26.40#, N8	0, LT&C casing.
 Cemented 620 sacks, 50/50 Pozmix with 6% Class "B" Cement with 2% CaCl. Plug down circulated to surface. Checked water shu 	at 3:30 p.m., 8-21-80. Cement
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby cortify that the foregoing is true and correct	
SIGNET JUSTIAN V. Wallis TITLE Supl.	DATE
(This space for Federal or State off	ice use)
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE
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NMOC	<u>ገ</u> ቢ ′
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