UNITED STATES

OMILD SIMILS	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	The state of the s
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas gr	Jicarilla "A"
well gas well other	9. WELL NO.
2. NAME OF OPERATOR Gordon I. Illewellyn as trusted	10-E
2. NAME OF OPERATOR GORDON, L. Illewellyn as trustee John H. Hill Henry Hill & John	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR Suite 210, 17400 Dallas Pkv	RI ando Mocarrondo Desira Del
The Lakes at Bent Tree, Dallas, Texas 75252	11 SEC T P M OR PLK AND CHEVE A
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
below.) AT SURFACE: 1690 / N s. 1680 / /P	E5-Sec. 23-T26N-R4W
AT SURFACE: 1690'/N & 1680'/E AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH:	Rio Arriba New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.
REPORT, OR OTHER DATA	
Strip on Strick Dain	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	7140' GR
TEST WATER SHUT-OFF \(\bar{\bar{\bar{\bar{\bar{\bar{\bar{\b	
FRACTURE TREAT	
SHOOT OR ACIDIZE	
REPAIR WELL	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING MULTIPLE COMPLETE MULTIPLE COMPLETE	change on Form 9-330.)
CHANGE ZONES	
ABANDON*	
(other)	·
 including estimated date of starting any proposed work. If well is di measured and true vertical depths for all markers and zones pertinen 1. Acidized well 2100 gal. 15% HCL. 2. Fracked well 84,000 gal. gel water, frack 1 	t to this work.)*
Subsurface Safety Valve: Manu. and Type 18. I hereby cortify that the foregoing is true and correct SIGNED TURMAN A LA LIMITE SUPPLY	Set @Ft.
The second line with	DATE DATE
(This space for Federal or State office	ce use)
APPROVED BY TITLE	DATE
CONDITIONS OF APPROVAL IF ANY:	DATE
001 1 5 WOU	
	C
Experimental company of the company	-

*See Instructions on Reverse Side