5. LEASE

## UNITED STATES DEPARTMENT OF THE INTERIOR

DEPARTMENT OF THE INTERIOR	Jicarilla Apache 102
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
dEGEOGRAFIE GOVERN	Jicarilla Apache
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
Do not use this form for processls to drill or to deepen or plug back to a different eservice use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
	Jicarilla Apache 102
1. b) gas well other	9. WELL NO.
2. NAME OF OPERATOR	9E
Andrea Production Company	10. FIELD OR WILDCAT NAME
3. ALGRESS OF OPERATOR	B. S. Mesa Gallup/Basin Dakota
Airport Drive, Farmington, NM 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LICATION OF WELL REPORT LOCATION CLEARLY. See space 17	AREA SE/4, SE/4, Section 4, T26N, R4W
FSURFACE: 970' FSL x 920' FEL	12. COUNTY OR PARISH 13. STATE
at top prod. Interval: Same	Rio Arriba NM
AT TOTAL DEPTH: Same	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, FEBRIT, OR OTHER DATA	30-039-22456 15. ELEVATIONS (SHOW DF, KDB, AND WD)
	6967' GL
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST FATER SHUT-OFF	
SHOCT OR ACIDIZE	A Comment to
REPAR MELL	CNOTE: Peport results of multiple completion of the change on Form 9-330.MAY 11198
PULL IR ALTER CASING UMBULT PLE COMPLETE UMBULT PLE COMPLETE	
CHANCE ZONES	OIL CON. COM.
ABANDON*	DIST. 3
(otherCompletionX	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stations uding estimated cate of starting any proposed work. If well is consisted and true vertical depths for all markers and zones pertine	Mischionally offlied, give substitude locations and
Completion operations commenced on 4-12-81.	Total depth of the well is 8150'
and plusback depth is 8118. Perforated intervals from 7420-7430, with 4 spr,	
= -atal of 4038" holes. Sand water fraced	l with 34,000 gallons of frac
filled and 132,700 pounds of 20-40 sand. Land	led the 2 3/8" tubing at 7926'.
Released the rig on 4-23-81.	

ACCEPTED FOR RECORD \_\_\_\_ Set @ \_\_\_\_\_ Ft. Substifface Safety Valve: Manu. and Type 1981 MAY 8 18. hereby certify that the foregoing is true and correct Original Signed By SIGNED \_\_\_ SVOBODA \_\_\_\_\_\_ TITLE Dist. Admin. Supvreate (This space for Federal or State office use, DATE \_\_\_\_ APPPOYED BY