(other) Location clean up

UNITED STATES DEPARTMENT OF THE INTER GEOLOGICAL SURVEY

| UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY | 5. LEASE Jicarilla Lease #93 6. IFINDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache |
|---|--|
| SUNDRY NOTICES AND REPORTS ON WELLS (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.) 1. oil gas v | 7. UNIT AGREEMENT NAME |
| well well well other 2. NAME OF OPERATOR Nonthwee: Dipoline Company ties | 9. WELL NO. #12 |
| Northwest Pipeline Corporation 3. ADDRESS OF OPERATOR P.O. Box 90, Farmington, N.M. 87499 | 10. FIELD OR WILDCAT NAME Gavilan PC/ Blanco MV |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 below.) AT SURFACE: 1660 FWL & 1850 FNL SW/NW AT TOP PROD. INTERVAL: 1660 FWL & 1850 FNL AT TOTAL DEPTH: 1660 FWL & 1850 FNL | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 34, T27N, R3W 12. COUNTY OR PARISH 13. STATE |
| | Rio Arriba N.M. |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA | 30-039-22943 15. ELEVATIONS (SHOW DF, KDB. AND WD) |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT | 7164' KB |
| CHANGE ZONES | (NOTE: Report resolts of multiple completion grone EIVE 1983 251983 |
| (other) location clean up | 4 3 1303 CHI CON DIV. |

BUREAU OF LAND MANAGEMENT DIST. 3

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS ROLLING SOLD STREET OF LAND MANAGEMENT DIST. 3 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.)*

Location clean up and reseeding completed on 8-19-83

| djb/6 *See Instructions on | AUG 29 1983 |
|---|-------------------------|
| APPROVED BY TITLE TOWN CONDITIONS OF APPROVAL, IF ANY | DATACCEPTED FOR RECORD |
| (This space for Federal c | or State office use) |
| SIGNED NOTUNO DONNA J. Brace Product | tion Clerk DATE 8-23-83 |
| 18. I hereby certify that the foregoing is true and correct | _ |
| Subsurface Safety Valve: Manu, and Type | Set @ Ft. |

FARMINGIUM RESOUNCE AREA