Form 9-331 Dec. 1973

below.)

FRACTURE TREAT SHOOT OR ACIDIZE

FULL OR ALTER CASING

MULTIPLE COMPLETE

REPAIR WELL

CHANGE ZONES ABANDON*

Form Approved.

(NOTE: Report results of multiple completion or zone

change on Form 9-330.)

Budget Bureau No. 42-R1424 UNITED STATES 5. LEASE Jicarilla Apache #240 DEPARTMENT OF THE INTERIOR 6. IF INDIAN, ALLOTTEE OR TRIBE NAME GEOLOGICAL SURVEY Jicarilla Apache 7. UNIT AGREEMENT NAME 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.) R. FARM OR LEASE NAME 9. WELL NO. well other well 1 2. NAME OF OPERATOR 10. FIELD OR WILDCAT NAME Davis Drla Foulder Mancos 3. ADDRESS OF OPERATOR 11. SEC., T., R., M., OR BLK. AND SURVEY OR Box 139, Great Bend, Mansas 67530 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 Sec. 25-28N-1W ~ 330 12. COUNTY OR PARISH 13. STATE AT SURFACE: 660/N 660/W New l'exico Rio Arriba AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, 15. ELEVATIONS (SHOW DF, KDB, AND WD) REPORT, OR OTHER DATA KB 7244 SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF

(other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, 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.)*

Plan to re-enter hole. Determine top of pipe lost in hole. Clean out to that point and test since well is making gas. Will determine if fluid is

Approval is granted subject to well repair being completed within 120 days from approved date. Notify this office inorder that we may witness a production test if well is productive. If well does not prove to be productive, it will be promptly plugged and abandoned. present and if so attempt to complete.

U. S. GEOLOGICAL SURVEY

FARIMINGTON, N. M.

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	ety Valve: Manu. and Type				
18. I hereby ce	rtify that the foregoing is true and co	President	DATE	3/9/82	
	APPROVID	ce for Federal or State office use)	_ DATE _		
APPROVED BY _ CONDITIONS OF	APPROVAPRANT 1982			k de de la companya	
S AMENDED	DISTRICT ENGINEER	NMOCC			. **