Form 9-331 (May 1963)

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELT

TED STATES SUBMIT IN TR. CATE* DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)

Copy to 5+

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SHRIAL NO.

REPAIRING WELL

GEOLOGICAL SURVEY

| DEFAILTMENT OF THE THEE PROPERTY | |
|-------------------------------------|--------------------------------------|
| GEOLOGICAL SURVEY | LC-028784-C |
| SUNDRY NOTICES AND REPORTS ON WELLS | 6. IF INDIAN, ALLOTTER OR TRIBE NAME |

| 1. | | 7. UNIT AGREEMENT NAME | |
|--|---|--|----------|
| OIL GAS WELL WELL | OTHER | 8. FARM OR LEASE NAME | |
| 2. NAME OF OPERATOR | American Oil Company of Texas | Keely C | |
| 3. ADDRESS OF OPERAT | TOR CONTRACTOR CONTRACTOR | 9. WELL NO. | |
| 4. LOCATION OF WELL See also space 17 b At surface | ox 416. Loco Hills, New Mexico 88255 (Report location clearly and in accordance with any State requirements.) | 10. FIRLD AND POOL, OR W Grayburg Ja 11. SEC., T., R., M., OR BLK. | ckson |
| | 660' FSL and 660' FWL of Section 25, | SURVEY OR AREA | . IND |
| | Twp. 17-S, Rge. 29-E | | R-29-E |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether Df. RT, GR, etc.) | 12. COUNTY OR PARISH 13. | 3. STATE |
| 16. | Check Appropriate Box To Indicate Nature of Notice, Report | | |
| | | SUBSEQUENT REPORT OF: | |

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (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.) *

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Shut-in Status

We request that this well be held for recompletion up the hole.

PULL OR ALTER CASING

MULTIPLE COMPLETE

CHANGE PLANS

Well was shut in October, 1972 for economical or mechanical reasons.

After feasibility studies are completed work should be commenced within the next two years.

| | | COT 29 1971 |
|--|---|--------------------|
| 18. I hereby certify that the foregoing is true and correct | TITLE District Superintendent | DATE Oct. 23, 1974 |
| (This space for Federal of State office use) APPROVED BY APPROVAL, IF ANY: | TITLE | DATE |
| ACTING DISCOUNT ENGINEER UNLESS FURTHER LANG | ROVED. WELL MUST ROVED. PLUGGED BY 1075 Spe Instructions on Reverse Side | |

JAMES GARAGE