5. LEASE

UNITED STATES MENT OF THE INTERIOR

| DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY | S. F. 081171 K 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
|--|--|
| 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 differ reservoir. Use Form 9–331–C for such proposals.) | 8. FARM OR LEASE NAME |
| 4 11 700 | S. SAN Luis |
| 1. oil gas other well other | 9. WELL NO. |
| 2. NAME OF OPERATOR | ANN #17 |
| | 10. FIELD OR WILDCAT NAME |
| NOEL REVNOLOS. 3. ADDRESS OF OPERATOR | In San Orus mu |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR |
| Box 356. FLORA Vista, N. M. 87415 4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space | 17 AREA |
| | " 33 18N 3W |
| below.) AT SURFACE: 621 FNL AND 1988 FEL | 12. COUNTY OR PARISH 13. STATE |
| AT TOP PROD. INTERVAL: | · SANDOVAL N.M. |
| AT TOTAL DEPTH: 375' | 14. API NO. |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTI- | |
| | 15. ELEVATIONS (SHOW DF, KDB, AND WD) |
| REPORT, OR OTHER DATA | 1 24 |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: | |
| THE WATER CHUIT OFF T | |
| TEST WATER SHUT-OFF | |
| SHOOT OR ACIDIZE | |
| REPAIR WELL | (NOTE: Report results of multiple completion or zone |
| PULL OR ALTER CASING 🔲 \ | change on Form 9-330.) |
| MULTIPLE COMPLETE | The first the second second |
| CHANGE ZONES | the contract of the contract o |
| (other) NAME Change - Temporary Aband | and |
| (other) NAME CHANGE | |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly including estimated date of starting any proposed work. If well measured and true vertical depths for all markers and zones per | |
| CHANGE NAME FROM EK 17 TO ANN # 17. Effective April 1.198 | |
| TO BE USED IN WATERFLOOD. | |
| TEMPORACIA DONALES P | |
| THE TOUR DOIN TO REQUEST FERMISSION. | |
| * Approved subject to well being shut-in at the surface. | |
| N.M.O.C.C. Lists This WELL AS EK # | :17. |
| This Approval Or Temporary | |
| Abandonment Expires 5-5-83 | Set @ Ft. |
| Subsurface Safety Valve: Manu. and Type | |
| 18. I hereby certify that the foregoing is true and correct | 0 |
| and all the when | Tot DATE 4-23-82 |
| SIGNED TITLE OFFICE OF | DATE TO THE TOTAL OF THE TOTAL |
| ADDROVE (the space for Federal or State office use) | |
| APPROVED BY TITLE DATE | |
| CONDITIONS OF APPROVING IN 1982 | UNIC |
| CONDITIONS OF APPROVINAY NO 1982 | |
| AS AMENDED F. SIMS DISTRICT ENGINEER | |
| *See Instructions on Re | everse Side |