

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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 ☒ well ☒ gas well ☐ other ☐
2. NAME OF OPERATOR  
Samuel Gary Oil Producer, Inc.
3. ADDRESS OF OPERATOR  
#4 Inverness Ct E. Englewood, CO 80112
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 500' fnl, 750' fel  
AT TOP PROD. INTERVAL: Same  
AT TOTAL DEPTH: Same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) ☐

SUBSEQUENT REPORT OF:

☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐

5. LEASE  
NM 24449
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
N/A
7. UNIT AGREEMENT NAME  
N/A
8. FARM OR LEASE NAME  
Penistaja #11 (Formerly Penistaja #1)
9. WELL NO.  
1
10. FIELD OR WILDCAT NAME  
Unde ~~Penistaja~~ Gallup
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
11-20N-4W
12. COUNTY OR PARISH  
Sandoval
13. STATE  
N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6949' GR

RECEIVED

SEP 19 1983

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

RECEIVED

SEP 27 1983

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.)\*

OIL CON. DIV.  
DIST. 3

Samuel Gary Oil Producer, Inc. hereby requests that the name of this well be changed from the Penistaja #1 (as it was referred to by Lewis Energy, original operator) to the #11-1 Penistaja.

Also, we propose to test this well for commercial production in the following manner:

Perforate and test the "A" Zone

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

18. I hereby certify that the foregoing is true and correct Operations

SIGNED Ray Hagen TITLE Superintendent DATE 9/15/83

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED

ACCEPTED FOR RECORD

SEP 26 1983  
\*See Instructions on Reverse Side

M. MILLENDACH  
AREA MANAGER  
NMOCC

SEP 26 1983  
FARMINGTON RESOURCE AREA  
BY KJ