

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: 990' fs1, 980' fw1  
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:
- - 
  - 
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  - 
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  -

5. LEASE NM 25611

6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A

7. UNIT AGREEMENT NAME N/A

8. FARM OR LEASE NAME Ceja Pelon #35 (Formerly Ceja Pelon #1)

9. WELL NO. 13

10. FIELD OR WILDCAT NAME San Juan Wildcat Manero Est.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 35-21N-4W

12. COUNTY OR PARISH Sandoval 13. STATE N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 6978' KB

RECEIVED (NOTE: Report results of multiple completion or zone change on Form 9-330.)  
SEP 19 1983

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

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.)\*

Samuel Gary Oil Producer, Inc. hereby requests that the name of this well be changed from the Ceja Pelon #1 (as it was referred to by Lewis Energy, original operator) to the #35-13 Ceja Pelon.

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

Clean out and put on pump.

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 \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

\*See Instructions on Reverse Side

SEP 26 1983

FARMINGTON RESOURCE AREA

BY KJ

NMOCC