

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
Reading & Bates Petroleum Co.
3. ADDRESS OF OPERATOR
1910 Prudential Plaza; Denver, CO 80265
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 790' FSL 1900' FEL; 17-24N-3W
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: SUBSEQUENT REPORT OF:
- | | | |
|----------------------|--------------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | <input type="checkbox"/> |
- (other) Change the location and Pool designation

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.)*

Due to a misinterpretation of the well location requirements, we request approval to change the location of the subject well from 800' FSL 2030' FEL; Sec. 17-24N-3W, to 790' FSL 1900' FEL; Sec. 17-24N-3W. The Pool name will also need to be changed from West Lindrith-Gallup Dakota to Chacon-Dakota Associated. The new location and access route is shown on the attached topographic map

5. LEASE
SF081347; NM03754
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Federal
9. WELL NO.
17-1
10. FIELD OR WILDCAT NAME
Chacon-Dakota Associated Pool
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 17; T24N-R3W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7020' GL (Ungraded)

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

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED [Signature] TITLE Petroleum Engineer DATE March 11, 1980

(This space for Federal or State office use)

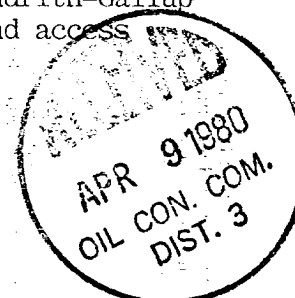
APPROVED BY [Signature] TITLE JAMES F. SIMS DATE APR 11 1980

CONDITIONS OF APPROVAL, IF ANY:

ok

APPROVED
AS AMENDED
APR 11 1980
JAMES F. SIMS
DISTRICT ENGINEER

*See Instructions on Reverse Side



APR 13 1980

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 10/10/01 BY 60322 UCBAW