5. LEASE

br'____**SAM**___

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

DEFARTMENT OF THE INTERIOR	Sr-080566-A
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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.)	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME
	Minel-Federal
well gas X other	9. WELL NO.
2. NAME OF OPERATOR	#1-E
Beartooth Oil & Gas Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Basin Dakota
P. O. Box 2564, Billings, Montana 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
AT SURFACE: 790' FSL, 790' FWL	SW4SW4 Sec. 7-25N-3W 12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	Rio Arriba New Mexico
AT TOTAL DEPTH: same	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
DECLIFOR ADDROVAL TO	7191' GL, 7205' KB
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF	No.
FRACTURE TREAT	The state of the s
SHOOT OR ACIDIZE	
REPAIR WELL	(NOTE: Report results of multiple completion of zone
MULTIPLE COMPLETE	change on Form 9-330.)
CHANGE ZONES	
ABANDON*	
(blier)	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinen	rectionally drilled give cubevifications and
Well spudded at 10:15 PM on 7/14/81. Ran 8 jo KB and cemented with 210 sacks Class "B", 2% (Did not circulate to surface - 1" top 40-45' v	oints 8-5/8" 24# casing to 335' CaCl ₂ , 1/4# flowseal per sack. with additional 75 sacks.
Total depth 8260'. Ran $4\frac{1}{2}$ ", 11.6# casing to 8 with 1625 sacks.	3258' and cemented in 3 stages
Presently waiting on completion tools.	
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
SIGNED Grace F Brown TITLE Drilling Dept	August 11, 1981
Grace E. Brown (This space for Federal or State office)	
APPROVED BY TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	DATE
*See Instructions on Reverse S	## 150° ## 160° ## 150° ## 150° ## 150° ## 150° ## 150° ## 150° ## 150° ## 150° ## 150° ## 150° ## 150° ## 150°

NMOC**C**