

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

Beartooth Oil & Gas Company

3. ADDRESS OF OPERATOR

P. O. Box 2564, Billings, Montana 59103

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1100' FSL, 875' FWL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

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

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(other) Status Report

5. LEASE

SF-080565-A

6. If INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Minel-Federal

9. WELL NO.

3-A

10. FIELD OR WILDCAT NAME

Blanco-Mesaverde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

SW $\frac{1}{4}$ SW $\frac{1}{4}$ Sec. 6-25N-3W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

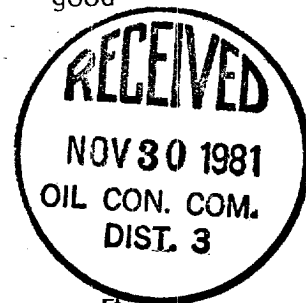
14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
7404' GL, 7416' KB

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

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.)*

Well spudded at 1:00 PM on 11/22/81 with rotary tools. Ran 7 joints 8-5/8" 24# casing to 295' KB and cemented with 210 sacks Class "B", 3% CaCl₂ - good cement returns to surface.



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

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

SIGNED Grace E. Brown TITLE Drilling Dept. DATE November 23, 1981
Grace E. Brown

(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

NMOCC

NOV 27 1981

FARMINGTON DISTRICT
BY Sm