| Farm | 9-331 |
|------|-------|
| (May | 1963) |

UNITED STATES DEPARTMENT OF THE INTERIOR verse side)

| N TRIPLICATE* | Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. |
|---------------|---|
| | 5450 |

| • | | 1 |
|---|------------|--------|
| | GEOLOGICAL | SHRVEY |
| | CEOLOGICAL | 50, |
| | GLOLOTI | |

| 6. | N IF | M - | 5459 | OR TRIBE | NAMI |
|----|---------|-----|------|----------|------|
| | | | | | |

| GEOLOGICAL STATELLIC | |
|--|---|
| 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 "APPLICATION FOR PERMIT—" for such proposals.) | 7. UNIT AGREEMENT NAME |
| 1. OIL GAS WELL X OTHER 2. NAME OF OPERATOR SOUTHERN Union Exploration Company 3. ADDRESS OF OPERATOR Suite 1800, First International Bldg., Dallas, Tx.7527 Suite 1800, First International Bldg. Dallas, Tx.7527 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 18, T25N, R13W NMPM |
| 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6421 GR 16. Check Appropriate Box To Indicate Nature of Notice, Report, or SUBSE | San Juan N. M. |

| Check Appropriate Box To Indicate I | SUBSEQUENT REPORT OF: |
|--|--|
| NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PULL OR ALTER CASING MULTIPLE COMPLETE FRACTURE TREAT ABANDON* | WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other)Commencement of Drilling X (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) Completion dates, including estimated date of starting the starting and give pertinent dates, including estimated are savely and true vertical depths for all markers and zone |
| (Other) | nent details, and give pertinent wertical depths for all markets and |

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.) *

Spudded 8 3/4" hole at 8:00 AM Set 42' of 7", 23 lb. casing at 42' GL with 5 sx. cement. 4-30-78

