

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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
PETROLEUM ENERGY, INC.

3. ADDRESS OF OPERATOR
P.O. Box 2121 Durango, Co 81301

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1050' from North Line and 1610' from East Line, Sec 32, 27N-19W
AT SURFACE: from East Line, Sec 32, 27N-19W
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: same as above

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

5. LEASE
N00-C-14-20-4158

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo

7. UNIT AGREEMENT NAME
none

8. FARM OR LEASE NAME
none

9. WELL NO.
Navajo 2-32

10. FIELD OR WILDCAT NAME
Beautiful Mountain - ~~Barker~~ *Miss Barker* ~~Creel~~

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 32
T 27N-R 19W, N.M.P.M.

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

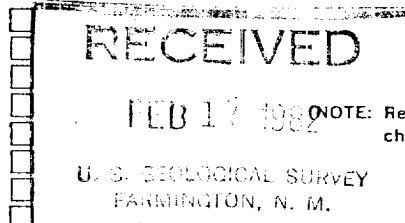
14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5824 (GR)

REQUEST FOR APPROVAL TO:

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

SUBSEQUENT REPORT OF:



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

(other) Intermediate Casing Report

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.)*

Plan is to set D.V. tool to protect upper water zones (1400') and not set intermediate casing. U.S.G.S. office advised of plan.

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

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

SIGNED by: Jay Magness TITLE agent DATE Feb. 16, 1982

(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

BY SMH