

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
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.) NW $\frac{1}{4}$ SE $\frac{1}{4}$
AT SURFACE: 2230' FSL; 1780' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: SAME

5. LEASE
Navajo Operating Agreement

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo

7. UNIT AGREEMENT NAME
None

8. FARM OR LEASE NAME
None

9. WELL NO.
Navajo Nation ²⁹ ~~30~~ #3

10. FIELD OR WILDCAT NAME
Beautiful Mtn.-Barker Creek

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 29, T27N, R19W, NMPM

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5799' GR

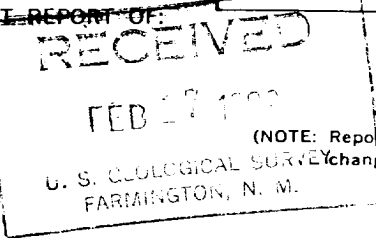
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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:

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

(other) Intermediate Casing Report None Set

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 at 1400' to protect upper water zones.
U.S.G.S. to be notified so representative can be present.



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

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

SIGNED Jay Madness TITLE PETROLEUM ENERGY, INC. 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

FEB 03 1982

FARMINGTON DISTRICT

BY SM

*See Instructions on Reverse Side

NMOCC