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|--|---|--|--|
| Form 9-331 (May 1963) DEPAR | | | |
| SUNDRY NO | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | | |
| Use "APPLI | 7. UNIT AGREEMENT NAME | | |
| WELL GAS WELL OTHER | | | |
| 2. NAME OF OPERATOR | 8. FARM OR LEASE NAME | | |
| Rl Paso Matural Ca | Boelofs | | |
| 3. ADDRESS OF OPERATOR | 9. WELL NO. | | |
| Box 990, Farmington, New Mexico - 87401 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 890'8, 832'E | | | 10. FIELD AND POOL, OR WILDCAT |
| | | | |
| | | | |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether | DF, RT, GR, etc.) | 12. COUNTY OR PARISH 15. STATE |
| | 6673' GL | | See Juan Bow Monio |
| 16. Check A | Appropriate Box To Indicate | Nature of Notice, Report, or | Other Data |
| NOTICE OF INT | ENTION TO: | SUBSE | QUENT REPORT OF: |
| TEST WATER SHUT-OFF | PULL OR ALTER CASING | WATER SHUT-OFF | X REPAIRING WELL |
| FRACTURE TREAT | MULTIPLE COMPLETE | FRACTURE TREATMENT | X ALTERING CASING |
| SHOOT OR ACIDIZE | ABANDON* | SHOOTING OR ACIDIZING | ABANDONMENT* |
| REPAIR WELL | CHANGE PLANS | (Other) | |
| (Other) | | (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) | |
| 17. DESCRIBE PROPOSED OR COMPLETED Of proposed work. If well is direct nent to this work.) * | PERATIONS (Clearly state all pertin tionally drilled, give subsurface lo | ent details, and give pertinent date cations and measured and true vert | es, including estimated date of starting an ical depths for all markers and zones perti |
| On 5-26-68 spudded well | 1, drilling surface | hole. | |
| | | casing (128') set at | grand level v/105 |
| | | O.C 12 hours, tested | |
| | | - | |
| on 6-29-68 T. D. 3381' | . Ran 109 joints 2 | 7/8", 6.4#, J-55 cand | ng (3371') set at |
| 1361' w 170 sacks of e | | | |

On 7-9-68 P.B.T.D. 3371', tested casing w/4000# C. K. Ferf. 3298-3320' w/4 SPF. Free w/20,000# 10/20 send, 29,400 gal. water. Nax. pr. 4000#, BSF 2900#, pr. 2400#, I.R. 34 BPM. Flushed w/water. ISIP 600#, 5 Min. 100#.

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| 8. I hereby certify that the foregoing is true and correct signed by | TITLE Petroleus Engineer | DATH 7-11-68 |
|--|--------------------------|--------------|
| (This space for Federal or State office use) | | |
| APPROVED BYCONDITIONS OF APPROVAL, IF ANY: | TITLE | DATE |