Form 9-331 Dec. 1973 Form Approved. Budget Bureau No. 42-R1424

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

Budget Bureau No. 42-R1424
5. LEASE NM 013885
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Maxey
9. WELL NO. 1
10. FIELD OR WILDCAT NAME Fulcher Kutz Pictured Cliffs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA A-24-29N-12W
12. COUNTY OR PARISH 13. STATE San Juan New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
(NOTE: Report results of multiple completion or zone change on Form 9–330.)
te all pertinent details, and give pertinent dates, directionally drilled, give subsurface locations and ent to this work.)*
Inc.
ral

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 gas well other

2. NAME OF OPERATOR

B. H. Keyes

3. ADDRESS OF OPERATOR

6. IF INDIAN, ALLOTTEE OF TO UNIT AGREEMENT NAME AND MELASE NAME Maxey

9. WELL NO.

1 10. FIELD OR WILDCAT NA Fulcher Kutz

SUBSEQUENT REPORT OF:

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE:
AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

Change of operator

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON*

(other)

103 N. Main, Aztec, NM 87410

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

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.)*

Change of operator from Manana gas, Inc. Change of lease name from Maxey Federal



Subsurface Safety Valve: Manu. and Type		Set @	Ft.
18. I hereby certify that the foregoing is true and correct SIGNED Agent TITLE Agent	_ DATE _	12/2/80	
(This space for Federal or State office use	e)		
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE		

BW

NHOCC