

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
...
3. ADDRESS OF OPERATOR
...
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1750 + 12 1070 + E.
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

- | REQUEST FOR APPROVAL TO: | | SUBSEQUENT REPORT OF: | |
|---------------------------|--------------------------|-----------------------|--------------------------|
| TEST WATER SHUT-OFF | ☐ | | ☐ |
| FRACTURE TREAT | ☐ | | ☐ |
| SHOOT OR ACIDIZE | ☐ | | ☐ |
| REPAIR WELL | ☐ | | ☐ |
| PULL OR ALTER CASING | ☐ | | ☐ |
| MULTIPLE COMPLETE | ☐ | | ☐ |
| CHANGE ZONES | ☐ | | ☐ |
| ABANDON* <u>NIT-</u> | ☐ | | ☐ |
| (other) <u>1/2 center</u> | ☐ | | ☐ |

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.)*

I propose to re-enter the well and
drill on May 1 - 1973
the well open and test the Dakota
formation
the well is within production
limits of the well

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED ... TITLE L.P. DATE _____

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

5. LEASE 7-84-IND-56
6. IF INDIAN, ALLOTTEE OR TRIBE NAME ...
7. UNIT AGREEMENT NAME ...
8. FARM OR LEASE NAME ...
9. WELL NO. 205
10. FIELD OR WILDCAT NAME ...
11. SEC., T., R., ~~BLK.~~ OF BLK. AND SURVEY OR AREA ...
12. COUNTY OR PARISH ... 13. STATE ...
14. API NO. ...
15. ELEVATIONS (SHOW DE KDS AND WD) 528 62

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