Form Approved. Budget Bureau No. 42-R1424

UNITED STATES

| DEPARTMENT OF THE INTERIOR | NM 012647 |
|---|--|
| GEOLOGICAL SURVEY | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| SUNDRY NOTICES AND REPORTS ON WELLS | 7. UNIT AGREEMENT NAME |
| (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.) | 8. FARM OR LEASE NAME |
| 1. oil gas | Riddle D |
| well well X other | 9. WELL NO. |
| 2. NAME OF OPERATOR | 4A |
| El Paso Natural Gas Company | 10. FIELD OR WILDCAT NAME |
| 3. ADDRESS OF OPERATOR | Blanco Mesa Verde |
| PO Box 4289, Farmington, NM 87499 | 11. SEC., T., R., M., OR BLK. AND SURVEY OR |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 | AREA |
| below.) | Sec. 22, T-31-N, R-9-W, NMPM |
| AT SURFACE: 1100'N, 810'W AT TOP PROD. INTERVAL: | 12. COUNTY OR PARISH 13. STATE |
| AT TOTAL DEPTH: | San Juan NM |
| | 14. API NO. |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA | |
| REPORT, OR OTHER DATA | 15. ELEVATIONS (SHOW DF, KDB, AND WD) |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: | 62 3 9'GL |
| | |
| FRACTURE TREAT | $\sqrt{23}$ |
| SHOOT OR ACIDIZE | |
| REPAIR WELL | (NOTE: Report results of multiple completion or zone |
| PULL OR ALTER CASING | change on Form 9-330.) |
| CHANGE ZONES | |
| ABANDON* | |
| (other) temporary abandon | |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is di measured and true vertical depths for all markers and zones pertinen It is requested that this well be cl | rectionally drilled, give subsurface locations and t to this work.)* |
| abandoned for six months in order to | provide sufficient time |
| to evaluate the repair of the casing | failure |
| co evaluate the repair of the casing | rariure. |
| Provide for the installation of a bridge plug plug no more than 50 feet above any open per | |
| bore filled with conditioned, non-corrosive | |
| surface. | |
| | |
| ##################################### | Approved Until 14 Argust 198 |
| | 1903/-190 |
| | |
| Commence of the second second | j . |
| Subsurface Safety Valve: Manu. and Type | Set @ Ft. |
| 18. I hereby certify that the foregoing is true and correct Project | |

5. LEASE

APPROVED BY CONDITIONS OF APPROVAL B DISTRICT ENGINEER

AS AMENDED (This space for Federal or State office use)

TILE Drilling Engr. DATE February 10,

____ DATE _