5. LEASE

UNITED STATES

| DEPARTMENT OF THE INTERIOR | NM-33056 |
|---|---|
| GEOLOGICAL SURVEY | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| GEOLOGIONE GONVEN | N/A |
| 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 eservoir. Use Form 9–331–C for such proposals.) | N/A |
| eservoir, Use Form 9–331–C for such proposals.) | 8. FÁRM OR LEASE NAME |
| 1. oil gas well other | Rattlesnake_Canyon 9. WELL NO. |
| 2. NAME OF OPERATOR | 1 |
| Oxoco Production Corp. | 10. FIELD OR WILDCAT NAME |
| 3. ADDRESS OF OPERATOR | Blanco Mesaverde |
| Box 255, Farmington, N.M. 87401 | 11. SEC., T., R., M., OR BLK. AND SURVEY OR |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 | AREA |
| below.) | Sec.20, T32N-R8W, N.M.P.M. |
| AT SURFACE: 1450 ft. fSl, 1140 ft. fEl | 12. COUNTY OR PARISH 13. STATE |
| AT TOP PROD. INTERVAL: AT TOTAL DEPTH: | San Juan N.M. |
| | 14. API NO. |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, | 30-045-23590 |
| REPORT, OR OTHER DATA | 15. ELEVATIONS (SHOW DF, KDB, AND WD) |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: | 6357' Gr.,6370'KB (est.) |
| TEST WATER SHUT-OFF | |
| FRACTURE TREAT | OSSIVED |
| SHOOT OR ACIDIZE \square | |
| REPAIR WELL | (NOTE: Report results of multiple completion or zone change on Form 9–330.) |
| PULL OR ALTER CASING U U MULTIPLE COMPLETE | MAY 1.8 1983 |
| CHANGE ZONES | · · |
| ABANDON* □ □ | On LOW. DIV. |
| (other) | |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinent.) | lifectionally diffied, give adpartiace locations and |
| Spud well at 3:30 p.m., May 12, 1983. Drilled 12¼" hole to 265 ft. Ran 6 jo 36 lb. casing, set at 254 ft. Cemented casing with 165 cu. ft. Clas 3½% calc. chloride. Circulated good | ss B cement, 1 sack flocele, |
| surface. Plug down 11:05 p.m., May | v 12. W.O.C. 12 hrs. |
| surface. Plug down 11.05 p.m., na | , 12. W.O.O |
| | |
| | |
| | |
| | |
| | Set @ Ft |
| Subsurface Safety Valve: Manu. and Type | Set @t. |
| 18. I hereby certify that the foregoing is true and correct | |
| SIGNED . ODEEN TITLE Agent | DATE _5/13/83 |
| (This space for Federal or State of | ffice use) |
| APPROVED BY TITLE | DATE |
| APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY: | ACCEPTED FOR RECORD |
| | |
| | 16 D) (M) (- 0.0 |

MAY 17 1983