

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  
Bird Oil Corp. c/o Bayless Drilling
3. ADDRESS OF OPERATOR  
P.O. Box 2669, Farmington, NM 87499
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 2310' FSL & 1650' FWL  
AT TOP PROD. INTERVAL: same  
AT TOTAL DEPTH: same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | REQUEST FOR APPROVAL TO: |                          | SUBSEQUENT REPORT OF: |                          |
|--------------------------|--------------------------|-----------------------|--------------------------|
| TEST WATER SHUT-OFF      | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| FRACTURE TREAT           | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| SHOOT OR ACIDIZE         | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| REPAIR WELL              | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| PULL OR ALTER CASING     | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| MULTIPLE COMPLETE        | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| CHANGE ZONES             | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| ABANDON*                 | <input type="checkbox"/> |                       | <input type="checkbox"/> |
| (other)                  |                          |                       |                          |

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.)\*

TO CHANGE OPERATOR'S REPRESENTATIVE

RECEIVED

MAR 16 1983

OIL CON. DIV.  
DIST. 3

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED John H. McLeod TITLE \_\_\_\_\_ Agent DATE 3-10-83

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

APPROVED  
AS AMENDED

MAR 17 1983  
James F. Sims  
JAMES F. SIMS  
DISTRICT ENGINEER

\*See Instructions on Reverse Side

NIMOC